

# **BEYOND FREUD**



# BEYOND FREUD

A CREATIVE APPROACH  
TO MENTAL HEALTH



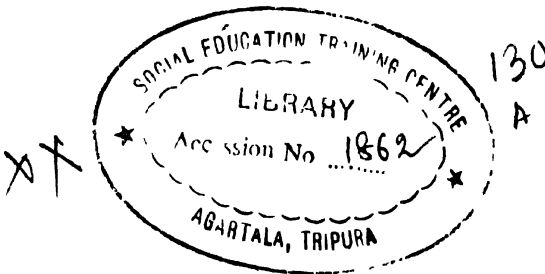
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## Preface

WHILE every one is interested in human behavior and some are interested in mental health, many have hitherto bypassed the subject of psychodynamics, or the study of behavior, because they could not accept the current explanations which largely seemed too mystical to have much relation to life. A greater number have bypassed it because they could not understand the theories or found them, while intellectually understandable, nevertheless unuseable on realistic levels. Yet to be without a frame of reference, a theory, in approaching a study of behavior—even one's own—is to make understanding unnecessarily difficult.

There is a need for a valid theory of behavior, couched in a simple vocabulary that is comprehensive enough to include all behavior—that which passes for normal as well as the unhealthy or abnormal. Such a theory is presented here, together with a manner of approaching human problems that I hope will assist toward mental health. Additionally, I have speculated as to why mental healers operating with various theories of behavior obtain comparable healing results. As a by-product, a start is made toward the conceptual integration of the two great disciplines dealing with subjective human problems, Religion and Psychiatry.

While this book attempts to provide a simple yet comprehensive approach, it is meant also to challenge the thoughtful attention of mature students in all branches of the humanities. The theory of behavior dynamics presented is so simple that it can readily be grasped as an intellectual concept. However, only when it is allowed to function in a practical, real life situation will it become apparent that it is also a tool which can cut through superficial verbiage and help one get to the heart of a problem—either one's own or that of another.

It would even be interesting to see what would happen if the theory were applied to relations between nations as well as between people.

The main thesis of the book is that when a person is in emotional bondage to his past he cannot experience "the good life."

# **PART I**

## **A Theory of Behavior: Its Development and Functioning**



# CHAPTER 1

## The Problem of Psychological Immaturity

MAN, the physical organism, follows the basic biological patterns characteristic of all living organisms—survival, maturation, and reproduction. Man, the psychological organism, seems to live out no general or characteristic pattern but remains, instead, a more or less stunted individual—like the vegetation of the desert or the timberline. One cannot take for granted the maturation process of psychological man as one does his physical maturation.

Perhaps we are too close to the trees to see the woods and thus fail to detect that there is a psychological maturing process taking place in mankind as a whole. In individuals, however, it is easier to see how often they are blocked, like the Japanese dwarf trees, from full and spontaneous development.

Sometimes society produces an individual whose vision in some sphere rises a little beyond that of his fellows. It is said of him that he is gifted, or perhaps that he is inspired. If he is fortunate, he may attract disciples; he becomes venerated and his ideas sacred. His vision becomes the guiding beacon from which it is dangerous to stray. Commonly, for generations or centuries thereafter people either fail to find their own visions or fear that to have ideas of their own would be heretical. Maturation is thus again at a standstill.

It is time for a critical examination of ourselves. Are we also in bondage to the past, and has the maturation process in ourselves been halted through obeisance to authority (either parental authority or that of a parent substitute whom we have accepted as our beacon)?

Increase in knowledge and insight must derive from what has existed previously. Without the earlier concepts the later ones might not have followed. Development comes when man begins to use his critical faculties so as to permit him to doubt or to disbelieve. In this stage there is little creativity but primarily a consciousness of what he does *not* believe. A later stage is reached when not only the person has arrived at this negative phase but has found small areas in which he *believes*. This positive approach permits further activity and experimentation and in turn fosters development of new doubts and beliefs.

Sigmund Freud attempted to give body and meaning to the term "Psyche" and provided a vocabulary which could be used to express psychological concepts. For half a century students of psychodynamics (behavior) have been taught the concepts laid down by Freud, and the vocabulary incident to these concepts has become *the* psychological terminology.

My training was Freudian in terminology and orientation. Yet the concepts of psychodynamics presented here, although at variance with my early training, were developed not out of rebellion but rather out of a personal need to reconcile inconsistencies and contradictions between those concepts I had been taught and insights I later drew from my own observations. Finally, and only after the many points of essential difference between Freudian theory and the concepts that had begun to emerge for me had become apparent, did I realize that I had, in effect, evolved a new theory of behavior. Because some of the conclusions are comparable to those of, for example, Pavlov, Korzybski, Sullivan, Krishnamurti, Horney, and others, this may seem at first glance an attempt to structure an "eclectic" approach to psychodynamic theory. However, these concepts were in fact arrived at independently.

Since Freudian theory and vocabulary have become the "beacon light" for understanding human behavior, it seems pertinent to sketch his salient views together with clarifying comments for those who are not too familiar with the concepts. This will at the same time provide a basis for comparison of the two points of view. It would be helpful

if some conclusion were reached as to whether the difference be of substance or of semantics.

### The Mutability of Theory

Freud changed his opinions and therefore his theories from decade to decade; what was *pure* Freudian theory at one time would not fit that designation later. As has been remarked, "Freud was a most unorthodox Freudian." In addition, Freud has been interpreted and reinterpreted by his followers until one cannot be sure that what is believed to be Freudian theory actually was so meant by Freud himself. The tendency has been to use Freud's original terminology but interpreted so as to support theoretical propositions sometimes far removed from the original concepts. People who interpret Freud literally are more or less at war with those who interpret him symbolically.

Meanwhile an esoteric vocabulary has sprung up, so that the truths—or even the basic concepts—of the theory cannot readily be integrated into the thinking and the lives of casual students. People sometimes use the terms with little or no insight into what they mean. Apparently, mastery of the vocabulary provides a feeling of superiority.

Because all intelligent people (not merely the serious students of behavior) need an understanding of the fundamentals of behavior dynamics, the specialized vocabulary of Freudian theory has been unfortunate, for it is foreign to everyday thinking and living; literal interpretations of the terminology often create more problems for people than a clarifying system should do.

### A Glance at Freudian Theory

According to Freudian theory, the *psyche*, which is the basic determiner of behavior, has three parts or divisions which are in dynamic relation to one another: the *Id*, the *Ego*, and the *Super ego*. Only the *Id* is innate to man—i.e., every child comes into the world with *Id* fully developed. *Id* is seen as the unconscious residuum of the past ages and is concerned with carrying on the force of life itself. It has

been described as comparable to “a huge cauldron of energy”—powerful, insistent, and unorganized. It is the carrier of the will to live and to procreate and the will to die.

### The Id

Id, thus, has two main streams of energy—two instincts: the life drive, or *Eros*, and the death drive, or *Thanatos*. Thus, every person is born with Eros (or love), a positive, life-preserving, and life-creating instinct which can be turned either inward toward the self or outward toward others. He is also born with a negative, destructive, hostile force—or death instinct—which finally triumphs over life and ends in the death of the individual or is turned outward, away from the self, in hostile, aggressive, destructive acts against people and things in the outside world. The Id is the great unconscious of man.

This theory postulates that people are born “filled with the old Adam” and that they must turn this innate destructive force outward or perish. There is a concomitant principle in Freudian theory, however, which says that “every individual must suffer in direct proportion to the amount of externally-directed hostility.” Thus to turn the innate hostility outward is no salvation, for to do so will only increase suffering. The theory also implies that there is, in both living and loving (sex), a mixture of the two forces.

There seem to be many corroborative suggestions or experiences in living for such a concept; for instance, physical metabolism, which is a result of constructive anabolism and destructive katabolism. The concept is not foreign to the philosophical schools that produced the proverb, “The good die young,” or the statement of St. Paul, “The good that I would I do not; but the evil which I would not, that do I.” Yet, in order to understand behavior, it seems unnecessary to postulate an Id as a part of the psyche. There is certainly a sex drive which is innate (not learned or taught), and innate also is the drive to survive; but these reside in the soma or the living tissue out of which man is made. These drives are characteristic not merely of humans but of all living things. If they are a part of the psyche, then psyche (or soul)



is not unique to man. *Attitudes* toward these basic biologic drives do enter into the structure of every psyche, as we shall see, but the drives themselves seem to be more accurately defined as purely somatic (or physical).

A discerning eye would also see that children are not born with hostile, destructive impulses which have to be dissipated upon society or be, in effect, consumed by them. While there are certain degrees and forms of aggressiveness which do not have to be learned and therefore may be thought of as innate, this is different from the Freudian postulate that the emotional content of these aggressions is hostility and destructiveness. Man, the physical person, is endowed with the capacity to react to his surroundings as a part of his survival mechanism. It is this drive to survive which produces both the aggressiveness and the destructive hostility which he exhibits at times. We shall deal later with hostile, destructive feelings and try to show how they arise—not as a primary or innate urge but secondarily and as a response to given circumstances having to do with survival or the maintenance of individual integrity.

It seems clear that in child rearing it is important whether one accepts or rejects the Freudian concepts of Id. What one does with and to children, and how one interprets interpersonal behavior, will have direct relationship to his beliefs with regard to Id.

### The Ego

The Ego develops after birth and is largely conscious, or easily accessible to conscious awareness. It continues to develop throughout life. When a person has many tangible assets which are realistically oriented, one says of him that he has "Ego strength." Recently the Ego has been the primary focus of attention among progressive students of behavior, although the Id (the instincts) was in all his early writings the focal point of interest for Freud and therefore for the "orthodox" followers. In addition to keeping Id from running wild, Ego has another function, that of mitigating the effect of the third

portion of the psyche, the Super ego, and acting with it, as with Id, as a sort of balance wheel.

It is postulated that, since the Ego is the "reality tester," it must be strengthened and fostered if one is to be mentally healthy. This concept is difficult to deal with, since a major reality of living, especially for the infant who is supposed to be developing his Ego, is the attitudes of people. According to Freud, these external attitudes develop not the Ego but the Super ego. Here exists a paradox that would seem to offer unresolvable problems in reality.

Whereas Ego is a proper Latin term for I, or Self, its common usage in our culture to mean unrealistic self-inflation—such as "egotism," "egotistic"—has made it a difficult term to use as Freud intended it. "To strengthen one's Ego" means, to the average person, mistakably, to become more egotistical.

### **The Super Ego**

The third portion of the Freudian psyche, called Super ego, is also unconscious, but it develops after birth and is the product of the interpersonal prohibitions and demands which the child experiences in the first few years of life. The Super ego is not the "big I," as popular interpretation might infer. It stands like a monitor or censor over the person and dictates behavior in accordance with what it assumes society or culture demands, based on early life experiences. It is the internalized representation of external demands for conformity to social and cultural mores. Since it was internalized or incorporated early in life, it is unrealistic with respect to later life behavior. It has been called the "irrational conscience" because its basis lies in authority rather than in experience with reality.

Since it is regarded as the irrational conscience, it often follows that some other authority stipulates what shall constitute a rational conscience. This often turns out to be the therapist, who sits in judgment as to what is irrational and what is rational. Unfortunately, in unnumbered instances his judgment has proved to be as fallacious as the patient's Super ego.

According to Freudian theory, the three components of the psyche are forever playing politics with one another, in a manner comparable to the familiar stories of the various gods of mythology. Mythology may well be the prototype for the Freudian pattern. Life, according to this theory, is just one long game of intrigue by one or the other portion of the psyche to get its way—bribing, dissembling, feigning, or playing dead. Health represents certain power-combinations of “the big three,” and illness represents certain other combinations. Each type of mental illness is seen as having certain characteristic combinations of these psychic parts, and the human being, the body, is the battle ground for the conflicts.

### **Libido Drives**

A further postulate of Freudian theory is that the pattern of psychological traits for each sex is determined by his sexual structure, certainly an innate characteristic. One can correctly assume that certain explicit—and sexually determined—feelings and strivings are inevitably present in a male or a female. Since Freudian theory *is* the “libido theory,” sex is its center, and man and his behavior are the logical result of his sexuality, in terms of both his biological physical attributes and his biological drives.

### **Oedipus and Castration**

Freud saw all male children as wishing for sexual union with the mother and felt that all behavior was symbolic of this wish, with its inevitable consequences. The most important of these consequences was hostility of the male child toward his father, the mother's sexual partner, whose role he was trying to usurp, together with a wish for the father's death so that he might possess the mother for himself (Oedipus Complex). The consequence of this death wish toward the father was fear of retaliation by the outraged father who would surely emasculate him or, in effect, render him impotent by death or destruction (Castration complex). The process is deemed to occur early in the life of the child and is unconscious because it is too painful to face.

For this reason no adult male (except those analyzed a la Freudian technique) are aware of this whole area of experienced and incorporated feelings.

According to Freudian theory the child outgrows these feelings through the mechanism of identification with the father (so that he no longer wants to kill him) unless some traumatic event or situation obstructs the development of the mechanism when he is still young. In these circumstances he will suffer from an "unresolved oedipus complex" and will inevitably have disturbances in development and in human relationships. These can be overcome only by re-living, through psychoanalysis, the substitute relationship experiences with his analyst, this time to arrive at a happier solution.

Cultural anthropological studies of those peoples having a matriarchal pattern of operation do not corroborate the Freudian theory of the Oedipus Complex. It is not the father in such cultures (the sexual partner of the mother) who is the target for the hostility of the male child but the maternal uncle, who never sleeps with the mother but who holds the reins of power and discipline. It would thus seem that not sex but survival and security feelings determine attitudes and behavior.

Further, there is a possibility that the conclusions reached by Freud were natural, given his Jewish cultural heritage. And while Freud drew his terminology from the famous Greek tragedy, a trilogy dealing with Oedipus, the theory did not represent the whole or even the accepted version of the story of Oedipus.

There can be no doubt of the importance of the mother to the child—to the female as well as the male. But the basis for this involvement is not sexual desire but "the will to live." It is survival—or self-maintenance—rather than libidinous or sexual drives that determines the nature and strength of relationships. Sex drive may be strong, but in the last analysis a person's assumptions will be even stronger, and these are derived from relationships rather than biological construction.

Even though there are frequent occurrences of symbolic "castration fears," the difficulty arises because of the tendency of many therapists

to make the terms literal rather than symbolic. Most people have a fear of belittlement—of being cut down to size. This does not arise as a result of coveting mother and fearing father's wrath, but because people carry with them "self images" developed while they were small and inadequate, and they do not feel comfortable (secure) in "father's shoes" and are fearful lest their disguise or their assumption of seeming adequacy be taken from them.

Freud postulated that for female children there was a parallel sexual striving for the male parent. The over-all psychological pattern developed as a result of this state of affairs, if not resolved through healthy identification with the mother, is known as the Electra Complex. The term has little usage; the term "Oedipus Complex" is used to cover the problems of both males and females who have not freed themselves from early parent fixations.

### Penis Envy

According to Freudian theory there is another characteristic of females—*penis envy*—developed as a result of their lack of biological equipment. The assumption is that the female child, finding she does not have a penis, concludes that she has been deprived of it because of some sexual sin, and she thereupon feels both guilty and envious. It is for this reason that women behave as they do—passively, masochistically, or competitively. Women whom men fear by reason of their aggressiveness or their competence are often spoken of as "castrating females."

Penis envy is seen by Freudians as a condition requiring psychoanalytic treatment in order to help women understand the basis of their patterns and their symbolic expressions. According to this same theory, analysis must induce the patient to become satisfied with or resigned to her inferior anatomical equipment.

Again, one must applaud Freud for the clarity of his observations, but one may doubt that his conclusions are accurate. It is probable that only a male could have attributed to the penis the value that Freud gave it.

The symbolic expressions of penis envy may be interpreted as present in "the nagging wife," the woman who competes with men, in female passive dependency or resentment of male dominance—but each of these is logical when one takes a look at the culture in which we live. The feminist movement—a perfect expression of these attitudes—has almost disappeared as women have achieved status and power equal to that of men. Furthermore, symbolic expressions of penis envy are most marked in those females who felt rejected by reason of their femaleness while the "self image" was in process of formation—that is, when they were young.

### **Oral, Anal, and Phallic Stages**

There were many other theories developed by Freud in order to assist in understanding behavior. Among the most important is the statement that the development of any individual proceeds along certain orderly and biologically determined channels or that the stage of development of an individual is dependent on his "psychosexual" development. The first stage is the "oral period," so named because the mouth and its activities are the chief sexual or pleasure-giving zone. It begins at birth and lasts until approximately the end of the first year of life. The second stage of psychosexual development is the "anal period" and derives its name from the shift in the child's interest and pleasure from the mouth to the anus and its excretory function. It is said to extend from the end of the first year to the end of the third year. The third stage is the "genital" or "phallic stage," and is so named because attention and pleasure activities are centered on the genitals. It lasts from the end of the third year to the end of the sixth year. Then follows the "latency period" in which there is no particular sexual point of fixation; this lasts until puberty.

Each of these periods with its special areas or zones of pleasure or erotic (sexual) gratification propensities is seen as having associated with it certain character traits. The "oral character" would be one who is a perpetual receiver, a glutton, or a gossip. If adult traits are deemed to have some relationship to the characteristics noted in the

infant with his dominant mouth activities, they are called "oral traits," and the individual might be described as "fixated at the oral level of psychosexual development."

The person who is "fixated at the anal level" has traits which are supposedly characteristic of the child from one to three years. At this time such traits as defiance, hostility, self-assertion, or miserliness, stinginess, meticulous orderliness, or alternations between generosity and withholding are said to be present and have arisen out of attempts of society to toilet train the child. Perhaps most especially, the person who is described as an "anal character" is hostile, and the term "homosexual" is commonly associated with such an individual.

In much of Freudian theory one senses Freud's belief in biological determinism, producing a kind of inevitability about character structure and traits and behavior. In the area of the erogenous zones (pleasure-giving zones and therefore sexual) with their associated character traits, Freud seems to have made his most distinct bow to the role of interpersonal experiences in shaping character structure, for he saw the various fixations at the early levels of development as due not solely to biological factors but to traumatic interpersonal experiences. However, little real effort was made to understand the total interpersonal relationships present at any of these periods.

To be sure, feeding and toilet training experiences are important aspects of life for infants and children, but when one uses the Freudian frame of reference it is easy so to concentrate on feeding and bowel function and anal sphincter control that one sees them as important in and of themselves, unrelated to the total environmental or cultural atmosphere. When one begins to think in terms of interpersonal relationships and the attitudes and assumptions which go into making these relationships dynamic, what happens with respect to the "erogenous zones" is obviously symptomatic of what is going on in the totality of the relationship.

The Freudian theory sees the third level of psychosexual development achieved when the genitals take over and become dominant over both mouth and anus as a source of pleasure. This ushers in a new

group of character traits where self-interest (oral, also called narcissistic), and hostile, destructive forces (anal, homosexual) are modified toward the end of uniting with people in a constructive, tolerant, socially-useful fashion (genital, also called heterosexual). In other words, when the full and proper use of the genitals has been achieved, without too much admixture of traits characteristic of the two earlier levels, one is an emotionally mature person, with a realization that the welfare of society and one's own are if not synonymous at least closely linked.

### **Heterosexuality and Homosexuality**

The Freudian emphasis on sexuality has resulted in an assumption by many that psychiatry and sexuality are synonymous. The other main focus of Freudian psychiatry is on hostility derived mainly from Id forces. These have tended to be dealt with to the exclusion of other important aspects of an individual's life. In fact, all of life that had any clinical pertinence or significance was seen to be encompassed by these two foci.

This emphasis is not warranted by the facts. Sex and hostility are both important and need to be considered in dealing with any clinical problem, but they derive their importance primarily by reason of culture and the attitudes of culture toward them. It is culture, whether the circumscribed individual culture or the broader general culture of any given person, which determines his behavior as well as symptomatology. It is survival rather than sex that is the heart of behavior.

The belief of the earlier followers of Freud that a free and vigorous sexual life was a mark of good psychological health—that life followed as a consequence of sex—unfraid, rather than that sex is healthy if life is healthy—is not so completely believed today. There is more to good mental health than a robust sexual life. There is another emphasis of Freudians, namely on homosexuality, which appears, to the author, as a mischievous activity. The therapist may clearly have in mind what he means—which often is not overt (or even covert) homosexuality—but the patient hears only the term, and he often



jumps to conclusions which are both disturbing and unwarranted. He assumes an additional and unnecessary burden, when he already is having trouble. When a variety of character traits are lumped together and labeled "homosexuality," it is no wonder that many people who have come into close contact with the Freudian theory live day by day with the specter of homosexuality at their sides, fearful of friendship and terrified of possible tell-tale anxieties or even dreams. For those who accept Freudian doctrine homosexuality lurks around every corner. The most insidious and pernicious aspect of this concept is that it is an "*unconscious* homosexual drive" and therefore everybody is suspect. Invariably it is found in the person with the "unresolved Oedipus complex," in the "paranoid," and in the alcoholic.

### Symbol or Fact?

Whereas none of the Freudian theory seems totally invalid—particularly if the symbolic rather than the literal interpretations are accepted—neither does it appear entirely valid as a broad and inclusive hypothesis on which to base study and treatment of clinical problems. The theory is too rigid and preconceived, and people are too variable to fit them together. There is not enough room for the *individual symbolism* which exists in all behavior.

Despite the fact that many therapists have made use of Freudian theory in understanding and treating people, it is still possible that the formulation which they held had little or nothing to do with the curative process. Simply because a patient got better and the doctor had a theory does not make the improvement a cause and effect relationship. What actually goes on between the patient and the therapist may be something different and other than the theory suggests. If this were not true there would not be so many approaches to therapy.

It would be interesting to know how many people working in the field of behavior accept the Freudian theory because (1) It is the theory they were taught and therefore, like the child in relation to the parent, it is "right," despite the fact that they do not make practical use of it or cannot make total application of it to a specific patient; (2) To

question it would show them up as stupid to their colleagues; (3) If anything goes wrong when they try to apply it they attribute it to their own shortcomings; or (4) It is applicable to themselves and they therefore assume through the device of projection that it also applies to the rest of humanity.

Perhaps it takes a confirmed skeptic or a person no longer young in the practical field of clinical psychodynamics (and for that reason also less dependent) to question the validity of a theory which has general acceptance. There is a special trap set by Freudian theory—that to deny the truth of the postulate is the best kind of evidence that it is true. As many have said concerning it, "There is no escape; they get you coming and going." The Freudians hold that denial of the validity of the theory means that one does not wish to accept it *because* it is true, and the truth is too painful to accept; therefore one has resistance to it. *Sometimes* this is the case, but one is on dangerous ground if one lives by such an assumption.

A further trap is set through presenting the theoretical concepts as proven facts. If one questions them there is not only the condescending air which is so difficult for most people to bear, but the explanation that only those who have been analysed could be expected to understand. It therefore becomes of major importance to accept—both outwardly and inwardly—lest he be guilty of the sin of being superficial, and therefore suffer ostracism by his colleagues.

An additional trap set by Freudian technique is with regard to the "transference phenomenon." Freud recognized that patients in treatment behaved toward him in an unrealistic manner because they equated him with their parent. To this phenomenon he gave the name "transference," and treatment has come to consist primarily in "dealing with the transference situation." This means to help the patient to become more realistic. This approach is sound to the extent that unrealistic behavior is the center of attention, but it also provides a screen behind which the therapist can "hide"; it gives him a reason not only for not seeing clearly what *he* is doing in the treatment situation which may be instrumental in producing the patient's feelings but for failing

completely to look. Patients in the hands of such a therapist are pushed into accepting reality as unreality. The transference situation is not always operating in the sense that the patient is behaving unrealistically. Sometimes the patients actually are responding realistically to the present interpersonal relation.

Along with the trap of the transference situation is the trap of "dealing with resistance." Since the Freudian theory is preconceived and all that needs to be done is to determine the slot into which the patient must fit, it is apparent that refusal of the patient to accept the premises constitutes "resistance." However he resists—through rationalization, blocking, excessive talking, forgetting, anger, or any other device—he must, if he persists in his treatment, finally come to acceptance of the predetermined pattern or interpretation. It is the only way to resolve the unresolved Oedipus complex. To the author this means simply that once again the parent-child situation has been re-created, and once more the "child" has, in the interest of security, lost his right to individuality. Once more the dominant parent is "right," and maturation has been stymied at a new level.

It is not easy to assess whether the main objections to Freudian psychiatry stem from the implications of the theory—its biological determinism, its pessimism, its unrealistic emphasis on sex as the center of life, its failure to appraise the role of culture—or from the misapplication of the theory by those who follow him and claim to be Freudians. He was a giant among men, and he has had an impact on the world that few other people have had. There is no reason to demand that he should have seen "the whole truth." While accepting the contributions of early leaders in any field, science moves on. Whenever one insists on holding on to the past he must inevitably sacrifice freedom for forward movement. Maturation is impeded whenever one *has to* hold on to that which he was taught.

### **Man and Determinism**

It is time for the study of behavior to move on from a picture of man as the prisoner of innate biologic "sets" to one of man as an individual

reacting in an interpersonal framework. Behavior as well as interpersonal disturbances are products of cultural mores, of attitudes gained from society. There are cultures where it is fully expected that a good host will offer a guest his wife for the night, and there are other cultures where the host would feel sure his soul would be lost if he offered the guest a cup of coffee or a cigarette. Behavior is a strange phenomenon *only* when one does not know or understand the assumptions with which a person operates.

There is no reason why behavior theories need to be based on a concept of the psyche, even though past authority has done so. However, the term is so woven into the basic vocabulary of this area of concern; e.g., psychology, psychoneurotic, psychiatry, psychotic, etc., that it would seem appropriate to make further exploration into its implications in order to see if it can be defined and conceived in such a manner as will make it a useful tool for understanding as well as for predicting behavior.

A concept of the psyche needs primarily to be valid, whether or not it is acceptable or distasteful. It should be applicable not merely to a particular culture but universally. It should also be timeless—as valid for man a thousand years ago or a thousand years hence as it is today. It would be desirable if the concept were presented in a vocabulary familiar to “lay” people, so that it could become an integral part of the everyday lives of people rather than the domain of the professionals or the “elite.”

### Another Approach

Theories commonly become real and factual to their authors and to those who accept them, but theories cannot be accepted as facts until they have been proved real in experience. We tend always to be seeking for “the truth” when we might more profitably be looking for what is “truer.” The truth of today frequently becomes the stumbling block of tomorrow. It is hoped that the concepts and the theory to be presented here will find their place in the procession of “what is truer.”

This handbook will hopefully provide a useful vocabulary, and it will encourage students to express their freedom not only from Freud but from any other authority who places them in bondage, to the end that they may grow and develop more precise approaches to the study of behavior. *To be freed from the bondage of an intellectual authority is but the prototype of freedom from bondage to one's parent or other significant person.* One cannot assume that it is "the other person's bondage" that is the subject of this presentation. The world needs people who dare to risk maturing.

The essential aspects of the theory of psychodynamics to be developed in subsequent chapters are as follows:

1. Infants are born with certain physical attributes which make them helpless and dependent.

2. If they survive it is because other people have made it possible.

3. To the child, such people as make this possible are the primary "significant people."

4. The infant's helplessness produces the development of the "significant person" experience in order to achieve physical survival.

5. The infant equates tension states with threat to survival.

6. The foundation for psychic development is the infant's physiologic tension states or *real* needs which are relieved by the significant person.

7. The psyche is developed *after* birth out of the dependency-significant person relationships.

8. The psyche develops by reason of the *felt* needs of the significant person, through identification and through experience.

9. To the degree that man has relative dependency throughout life and therefore may find new significant person relationships, his psyche will continue to develop.

10. The felt needs of the significant people, with their implications for security-insecurity (survival-nonsurvival) to the child, are the basis for development of his moral values.

11. Whatever gives the dependent one sensed security in his inter-

personal world is "right"; whatever produces insecurity (threat of nonsurvival) is "wrong."

12. Decreasing the tension in the significant person is equated with security; increasing the tension in the significant person is equated with insecurity. Therefore "right" and "wrong" concepts derive primarily from the feelings of significant people.

13. Assumptions regarding right and wrong are carried along into later life from childhood or from a dependent state.

14. The primary identification of people is with their value system or their concepts of right and wrong.

15. Since people identify themselves with their value system, their value system is their "self image."

16. The person's value system is identical with his psyche, which is synonymous with his soul.

17. The psyche is the person's total assumptions with reference to interpersonal functioning.

18. The psyche is an acquired adaptive "device," developed because of sensed inadequacy, whose function is to achieve survival (security) in an interpersonal world. It is thus a defense mechanism—a defense against insecurity or nonsurvival.

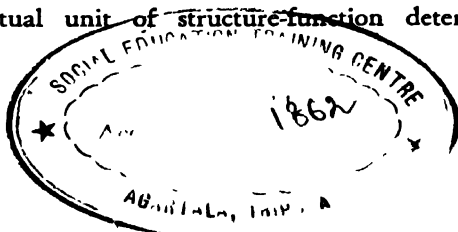
19. Assumptions concerning moral values are established early in life mainly and this is one reason for their being rooted in the unconscious.

20. Assumptions concerning interpersonal operations are always associated with moral value judgments and relate to both an actor and a reactor—to action and to reaction or response.

21. The assumptions relating to action are called (in this theory) "structure," while the assumptions relating to reaction are called "function."

22. In any given individual, for every psychic "structure" (assumption concerning action) there is an assumed "function" (assumption concerning reaction) which has been conceptually established through early interpersonal experience, and which is therefore unique to the individual.

23. This conceptual unit of structure-function determines the



behavior of any individual at any given moment of time through the mechanism of role playing.

24. Since moral values (value system) are the psychic structure, maintaining one's psyche (psychological survival) involves maintaining one's value system intact. This is accomplished primarily through repetitive patterns, through felt needs to behave in some predetermined manner and felt needs for certain predetermined responses.

25. Psychic function is always produced by someone outside the actor.

26. When the conceptual unit of structure-function with reference to any detail of interpersonal behavior is not in harmony with the true and actual behavior of either the actor or the reactor, the result is felt stress in the actor.

27. Anxiety is the feeling produced when there is felt threat to survival (or loss of personal integrity or identity). It occurs in relation to either the physical or the psychological self image.

28. Since the psyche is one's value system, sensed threat to or violation of one's structure produces guilt; disturbance in anticipated function produces resentment; sensed inadequacy of structure produces helplessness (rage or depression).

29. Behavioral symptomatology or psychiatric illness arises in the presence of anxiety and the basic feelings in the symptoms are guilt, resentment, or helplessness.

30. The road back to psychological health may be found in psychotherapy with the goal of

A. Discovering the relationship between one's symptoms and one's specific assumptions concerning interpersonal operations.

B. Discovering the basis for these assumptions.

C. Discovering their lack of realism with reference to the present situation.

D. Reappraising the present with relation to roles and goals.

E. Discarding the old assumptions based on right-wrong, security-insecurity experiences and operations of the past for a new experimental approach based on current reality factors.

F. Accepting oneself with his assets and limitations realistically—without smugness or defensiveness—without benefit of the previous assumptions which impeded the maturation process and produced symptoms.

G. Moving toward the goal of producing one's full and complete self in the light of fuller knowledge of man's mutual interdependence.

The "skeleton" of the theory as presented here will, I hope, induce the reader to explore it further. For those who have a stake in maintaining their emotional tie or allegiance to Freud or to some other authority, it may seem inconsequential or even meaningless. For others it may mean that for the first time an understanding of psychodynamics is within their grasp. For all, it means that, when one is freed or emancipated from that which binds him and keeps him from using his own capacities, he, too, can grow and mature; he can move toward becoming a complete or whole person.



# CHAPTER 2

## Biologic Factors in Behavior

DESPITE persistent efforts to make of man a single, unified whole, he remains for most people body and soul. Without the body there can be no soul or psyche, but without the soul there is no human being. One can know but little about any person by examining his physical structure only, and no one can find the soul by examining the body. Fortunately, the behavior of any organism must always spring from what it is—from its essential characteristics—so a study of man's behavior will reveal what he is.

We have some familiarity with the physical aspects of man, and since it is the physical person with which every one makes his bow into life, let us briefly scan some of the important biologic factors which may play a part in making an individual into the kind of person he is (and how, therefore, he behaves). When a person is born he is (1) what he is by heredity and (2) what he has become as a result of his uterine experiences plus such changes as have ensued as a result of birth itself.

### Heredity and Physiologic "Types"—Genetic Factors

The role of heredity in determining personality or character structure has not been established—or agreed upon. In the past it was accepted that people were what they were by virtue of heredity. Then came the swing of the pendulum to the opposite extreme; people who regarded themselves as well informed seldom mentioned heredity. We are now witnessing a return toward the middle line.

The role of heredity in determining character traits in man is still obscure. We know that color of eyes and hair and one's body build are the product of one's heredity, but whole personality traits such as honesty or patience would not seem to be the product of one's genes.

Kretschmer has found certain body types to be regularly associated with characteristic types of personality make-up. The person with a thick-set body (pyknic type) is said to have a personality showing a tendency to mood swings—happy, optimistic, outgoing, alternating with periods of low emotional tone, pessimism and withdrawal from people. The slender body type (the leptosome) will have what is generally regarded as an "introvert personality." Whether or not this is valid, it is interesting to note that the saints on the stained glass windows of churches are almost invariably of the leptosome build.

Sheldon has carried the thinking of Kretschmer further and has established more "somatotypes," each type developing characteristic forms of disease or pathology. Whereas the investigations in this field have been slanted primarily toward physical diseases, they carry implications for students of behavior because the associated physical pathology includes what is now generally accepted as "psychosomatic illnesses."

When one considers the apparently simple area of the relation of personality traits to the sex of the individual, it is clear that even here we know little. More often than not the traits which characterize the sexes are culturally rather than biologically determined. Those following Freudian theory find a main difference to be that the male has an aggressive, competitive orientation, whereas the female orientation is toward external opinion. Freudian theory postulates that relationships with people are the direct product of one's maleness or femaleness.

That there is a "mother instinct" seems certain, but whether there is a "father instinct" is questionable. Roosters injected with female hormones have been made to set on eggs, to cluck and scratch for baby chicks. The difficulty in isolating character traits associated primarily

with maleness or with femaleness stems from the fact that people are chemically a composite of both sexes.

So far as we know, intellect, dependency, capacities for growth and for maturing, and the capacities for feeling any emotion are not characteristic of one sex rather than of the other. The studies made by Kinsey on sexual behavior of men and women do not indicate innate biological differences, since cultural mores are forever present and operative. Continuing studies by cultural anthropologists may be expected to throw additional light on this subject as well as on the essential oneness of humanity racially. Differences turn out to be cultural or individual.

### Prenatal Influences

What happens to the child before he is born is important for his future make-up and behavior—not, however, in the superstitious sense that led women to listen to Mozart in the hope of inculcating musical talent in a foetus or in the sense that children are somehow “marked” as a retribution for parental sin. It is not sin but severe maternal stress during pregnancy which casts its ugly shadow.

Every emotional state of the pregnant mother is manifested in the functioning of her body—her heart, her blood pressure, her glands, her total physiology. The exact effects of her emotional states on the developing foetus are not known, but the assumption of some relationship seems necessary in light of what *is* known about human chemistry. The blood stream of the pregnant mother reflects not only her nutritional state and the functional adequacy or inadequacy of such major organs as the kidneys but her emotional state as well. Her glands of internal secretion are constantly responding to her ever-changing emotional states and pouring their secretions directly into the bloodstream. This physiological “replica” of herself, her bloodstream, must have its effect on the developing foetus, because this is what the foetus is dependent on. Even though the blood supply of the mother and the foetus are separate and distinct, there is a constant interchange of chemical substances between them through the

placental circulation and the vascular reservoirs of the maternal uterus.

There are many people who do not associate emotions with their everyday living experiences. This probably is because they associate emotions with such strong feelings as fear, rage or anger, or with emotional instability. Factually, it is impossible to be devoid of emotion at any moment of time, and the emotions of lesser intensity, such as contentment, placidity, or boredom, are as much in control of body chemistry and function as are those of greater intensity.

Presumably the best possible environment for the developing foetus is the uterus of a mother who is physically healthy, whose blood types are compatible with those of the father of the child, and whose emotional state is serene and contented.

### **Congenital Brain Damage—Cerebral Anoxia**

To be born with any physical disability can hamper the development of the psychic structure. However, by far the most important area of disability is the brain; and within the brain itself, a disease or defect located in the cortex (cerebrum) constitutes the most serious handicap. Brain damage in later life is unfortunate, but not as tragic as congenital brain damage, which leaves the individual to grow and develop and become a personality without the proper tools with which to achieve the goal of adequate living or interdependent functioning.

Man has two prime characteristics which are the product of the structural organization and functioning of his nervous system. The first is his intellectual power, which makes it possible for him to think, to reason, to remember, to organize, to symbolize in language, to coordinate eye-hand movements, and to plan. The second is his psyche or his soul. These are his tools for surviving both in the physical world and in the world of people. Both are essential if one would be not only safe or secure but would aspire to being a whole person.

Whatever produces a state of hypoxia or anoxia (decreased oxygen in the circulating blood) in the pregnant mother will be harmful to

the foetus and especially to its developing brain cells. Common maternal causes of such oxygen deficiency would be severe anemia, severe hemorrhage, "shock" which would markedly lower blood pressure, prolonged anesthesia, various drugs, or prolonged unconsciousness from any cause. Unfortunately, it is impossible to measure the effects of anesthetics on the physiological and therefore on the psychological processes of the newborn since the first use of chloroform in childbirth. Nitrous oxide, or laughing gas, is probably one of the worst offenders so far as lowering oxygen supply to the foetus is concerned.

Another situation which produces oxygen deficiency for the foetus but not necessarily for the mother occurs when the attachment of the placenta to the uterus is faulty or when there is a premature separation of the placenta from the uterine wall. Oxygen deficiency is produced in a localized part if the umbilical cord is looped tightly around the part. Frequently this may be the baby's neck, and damage to the developing brain cells may be caused by the inadequate blood supply to the head.

A common circumstance affecting physical and subsequent psychological development is prolonged and difficult labor. Not only the trauma of passing through the narrow birth canal with its bony gateway but the contractions of the uterus itself may hinder adequate blood supply and oxygenation of the foetal blood. Instrumental delivery is frequently used to assist and hasten delivery. Whereas low forceps application in the hands of a skilled obstetrician is often a boon to both mother and child, high forceps application involves far more danger of trauma to the baby's brain. With adequate skill, however, this procedure may be preferable to letting the difficult labor take its natural course.

In some primitive cultures the mother assumes a squatting rather than a reclining position for delivery of her baby. This might mean that the delivered baby, lying *below* the mother, would have a better chance to have all of the placental blood drain down through the cord into the baby's circulation before the cord is cut. This additional

blood volume might act as an added safety factor for the newborn infant.

It might seem at first glance that all the hazards of birth would be eliminated if delivery were by Caesarian section. Delivery is quick, there are no narrow passageways to interfere, and the uterine contractions may not even be present to interfere with blood flow. Other dangers are present however, chief of which is the rapid change in pressure that takes place, with the risk of serious consequences for the delicate tissues of the baby's brain.

Birth ushers in a whole new set of hazards. There may be failure to establish breathing for several minutes—long enough to reduce the oxygen below the limits of the brain cell requirements. (One must always bear in mind that brain cells, and particularly cortical brain cells, are the most sensitive of all cells to oxygen lack.) If the baby is premature, the difficulty of maintaining respiratory function is even greater than if he is full term and any respiratory lag or failure is immediately reflected in the oxygen available for brain and body cells. In fact, the total immaturity makes all aspects of living more precarious.

Any one who is interested in psychological development and functioning—in behavior—needs to be interested in cerebral oxygenation, or in its lack, cerebral anoxia. Cerebral anoxia produces disturbance in the structure as well as the function of the brain which will inevitably produce some degree of disturbed behavior. Any nervous system inadequacy, as a result of heredity or of a uterine or birth experience will affect the development of the character structure of the child.

Most of the behavior abnormalities associated with organic brain pathology are characterized by other bodily disturbances which can be diagnosed by physical and neurological examinations. However, cerebral anoxia, which affects only the cortex, cannot always be diagnosed by such examinations. The exact nature of the specific parts involved in such disturbance can presently only be guessed at, but deduction as well as the work by Courville on the pathology of cerebral

anoxia indicates that it is probable that the most seriously affected parts are the associational tracts, a vast network of nerve fibers connecting the billions of cerebral cells with one another.

### "Association Deficit Pathology"

Because there may be no characteristic physical symptoms of cerebral anoxia, the individuals so afflicted are not commonly recognized as having any inherent deficiency. They are assumed to be "normal" and are expected to behave accordingly. But the defect, although it cannot be detected by physical examination, may be detected in behavior, in the retardation of psychological growth, and through use of psychological tests. A feature of great importance for psychic structuralization is the fact that digestive disturbances are common in those infants having suffered from cerebral anoxia, since these disturbances produce tension states which predispose to interpersonal disturbances.

There are definite behavioral traits resulting from this type of pathology which, if not recognized as due to organic brain disturbance, are ordinarily assumed to be problems resulting from faulty interpersonal relations and therefore amenable to psychotherapy or to "moral suasion." It is true that individuals so afflicted seem more apt to be affected adversely by the sociocultural pressures of their environment than are others. It is therefore important to be able to distinguish between the symptomatology which is due to cerebral anoxia per se and that which is the result of interpersonal pressures. Although in the majority of these cases one can obtain a history that suggests a determinable cause, there are some in which no such history can be elicited. This leads one to speculate concerning the role of heredity. It is probable that, as the syndrome is more widely recognized, research and accumulation of data will give a clearer picture of *association deficit pathology*.

The symptoms or traits of character associated with such early cerebral anoxia, and which we shall call "association deficit pathology," vary in degree from marked to mild, probably according to the extent

of the damage and the level of the over-all intellectual capacity. Whereas the same type of disturbance undoubtedly occurs in people of basically low intelligence, *the syndrome "association deficit pathology" concerns those people who basically have normal to high intelligence.*

Because the nature of the symptoms produced by this defect are not generally understood, and because they have a direct bearing on the type of psychological structure which will be developed, a brief sketch of the basic symptomatology will be presented here. Those affected have difficulty in integrating what is perceived, difficulty in making deductions or drawing conclusions, difficulty in pulling details together meaningfully or in making things "add up." There is disturbance in perspective both as to visual phenomena and, more especially, with concepts in general; difficulty in assigning realistic values—such as greater or lesser importance—to perceptions. There is disturbance in visual-motor relationships, in copying with the hand what is seen with the eye. There is difficulty with unstructured or unlearned situations and relatively poor ability to deal with symbolic and abstract concepts as compared with concrete ones. There is also a difficulty in identifying with others, by reason of poorly developed capacity for empathy or ability to "feel with" another person and his feelings.

Since empathy is one of the cornerstones of interpersonal relationships, it is clear that such a defect either in the mothering person or in the child would be a great handicap in the development of a healthy and socially secure psyche. When a defect in this area exists along with some degree of all of the foregoing characteristics, it becomes apparent why psychological growing, maturing, and ability to develop healthy interpersonal relationships are always defective in people suffering from "association deficit pathology."

It is also apparent that the traits which are regarded as characteristic of man are not necessarily his. Man has these traits—"to think, to reason, to remember, to organize, to symbolize in language, to coordinate eye-hand movements, and to plan"—to only



a relative degree. Critical observation leads one to suspect that vast numbers of people have these capacities to only a limited extent.

Nowhere is the unity of the person more apparent than in body-behavior relationships. Every physical factor which characterizes a person plays a part in making him what he is as a human personality. Whether one is short or tall, fat or lean, bright or stupid, sickly or healthy, Aryan or non-Aryan, all are important, but these tend to be more important by reason of their socio-cultural implications than through direct effect on character structure.

### Cell Functioning, Body Structure, and Emotional Health

Sickness or disturbed functioning within any part of the body also has its direct effects on behavior but primarily as the sickness has some effect on the brain cells. Since each cell of the brain is a living, breathing unit, anything which affects the respiration or metabolism of the cells will affect behavior, for behavior is always a function of the brain.

If one looks at each brain cell as an island whose operations are dependent on the outside, one may see a multiplicity of factors which determine how well the brain cells will function. The first is the health or wholeness of the cells themselves, together with their communications with other brain cells. The second factor is the adequacy or inadequacy of the "border facilities" for exchanging needed supplies for those to be discarded. Their adeptness at sorting and choosing the proper supplies is of paramount importance. Since they can transport only what is shipped in, it is apparent that the imports must be properly constituted and that the manner of supply must be in harmonious relation with the needs. Such a concept of the cells themselves, their communication system, the "border department of dock workers and customs officials," the "pumping system" or agency of supply, the "pipes" or transport vessels, and the material carried, makes it possible to think in a concrete manner of brain cell functioning and helps to make it clear how dependent every one is on the *total* well-being of his body.

The cells may be altered as a result of external injury. They may be changed as a result of damage from within the skull, such as occurs with tumors or blood clots or from infections. Cells may have been injured through poor nutrition or from residual effects of toxic substances, such as occurs in anoxia, in alcoholism, or in overdoses of sedatives.

When anything goes wrong with the pumping system—i.e., with the heart—the supply of nourishment is endangered. The cells all over the body are affected, but the cerebral cells having to do with consciousness are the ones which are the first to suffer. The volume of blood pumped is also important, for if the volume be markedly decreased, as occurs following severe hemorrhage, the effect is the same as though the heart is doing an inadequate job.

When the pipes or blood vessel system are impaired there is another source of trouble. Loss of tonicity or rupture of their walls, or decrease in the size of their bore or lumen from arteriosclerosis or from clots or external pressure will produce such problems. Sometimes such changes have been so gradual and so long standing that everything has had time to make adaptations or to compensate, and the main problem is that there is no margin of safety.

The cells in the various areas of the brain have such diverse and complex nutritional requirements that it is amazing that not only are the proper substances kept available but the “border facilities” or the substances at the cell membrane can pick and choose with superb discrimination. The more one knows about this the more remarkable it seems that man’s ordinary activities and food intake provide the substances necessary. There is some stockpiling done, but most of the needs are taken care of by moment-to-moment activity.

The nature and make-up of the blood is derived from many sources. The body, chiefly in its bone marrow, is the marvellous manufacturing plant which produces the “formed elements” in the blood: the red and white cells and the platelets. If anything goes wrong with their manufacture or if the proper materials out of which they are

formed are not present, brain cells will suffer and behavior will be altered. The amount of oxygen capable of being carried to the brain cells is related to the adequacy of the red cells and their oxygen-bearing capacity rather than to how much fresh air one takes into his lungs.

The blood plasma in which the cells are suspended is the prime vehicle for bringing nutrition to the brain. This plasma is made up of whatever is taken into the stomach and absorbed throughout the digestive tract, material inhaled into the lungs and picked up by the lung capillaries, the secretions from all the ductless or endocrine glands, the waste products from every cell in the body, and the chemical products produced by the various organs of the body and delivered into the blood stream directly or by way of the digestive tract. Material absorbed through the skin or mucous membranes of the body such as the nose, the vagina, the eye or the rectum may also be a component part of the circulating medium.

If eating the proper kinds and amounts of food were all there is to it, it would be simple, but the digestive tract has to function properly so as to make these foods available to the blood. Chewing has to take place. All the enzymes have to do their part. The time factor must be properly regulated so that all the processes will be able to be carried out. The body is maintained in a state of equilibrium or physiological homeostasis through a system of checks and balances, but it cannot maintain this balance beyond a point and, should there be constant loss of substance through vomiting, hemorrhage, persistent diarrhoea, oozing of serum (as occurs in extensive burns or certain allergic manifestations in the skin), or through failure of the kidneys to excrete selectively, excessive destruction of blood cells by the spleen or liver, or excessive sweating, then the result is not homeostasis but imbalance.

It is not sufficient that the proper materials are ingested, digested, and absorbed; the proper vitamins and minerals have to be present in order that the cells can make use of the food substances. The process of utilization—the true process of cell respiration or metabolism—

demands their presence and free assistance. Some cells function with lower levels of certain chemicals than do others. Perhaps in this realm of the selective chemical levels and utilization in the brain will be found many of the answers to psychiatric disorders. The people in research laboratories are making vital contributions to our knowledge of behavior, whether or not they have any interest in "mental health." The story of the discoveries of how any element in the blood becomes the material and energy of a single cell, reads like a detective story.

The outside world is tangibly incorporated into the person not only through the mouth; it is also incorporated through the lungs. The air must have the proper and necessary ingredients; the lungs must be elastic and the air sacs must permit of free interchange of materials between the inhaled air and the blood stream.

The endocrine gland system, which is in constant relation to the feelings of the person, is a potent determiner of behavior. There is not only the factor of the emotions but special circumstance and time factors as well, as seen so plainly in the female with the menses, pregnancy, delivery, nursing, menopause, and the process of ageing. Stress alters the secretions, and who is to say when the secretions of any gland are having a benign effect or when they are acting as toxic factors?

The final factor playing its part in determining what blood shall consist of is the adequacy or the inadequacy of the mechanisms for disposal of waste products. The kidneys, the large bowel, the lungs, and the skin as well as certain internal organs such as the liver and the spleen must operate harmoniously and properly to accomplish their task if the "border mechanisms" around each cell are not to be overwhelmed and permit the wrong substances to enter the cells.

There is no board of directors which meets to make decisions, but determinations are being made every moment. These cell membrane processes are based on previous composition of the cells, osmotic pressures inside and outside the semipermeable cell membrane, electrical charge factors, and relative affinities and repulsions between

elements. Each cell behaves in the way it has to by reason of its physical, chemical and electrical make-up. We have been hearing recently about the relationship between stress and production of histimine and, in turn, about the role of histimine in determining what goes on at the cell membrane.

The end result of the interchange between the cell and the bloodstream at any given moment will be a balance which maintains the body in health and healthy behavior or a shift toward poor function. Out of the nature of the cellular activity comes the electrical activity which is characteristic of the cells in any area of the brain. If it were possible to isolate and characterize the activity of any cell or group of cells, one would be able to know which cells were behaving normally, which abnormally. At the present time this can be done only in the most approximate manner, but such information as is available through use of electroencephalography gives promise of increasing usefulness.

When one considers the multitude of possibilities for altering or influencing brain cell activity, it is a wonder that behavior is even slightly intelligible. Then, further, when one considers the innumerable cells present and the fact that there is a high degree of specialization in their function, depending on their location and their communication with other cells, it is apparent why the riddle of behavior has not been completely solved.

Whether one is the victim of cerebral anoxia, of pneumonia, of pellagra, of cerebral arteriosclerosis, of liver disturbance, of heart trouble, or of any of the hundreds or thousands of ills that beset man, one can be sure that there is some effect on brain cells and therefore on brain function and behavior. Fortunately for those who wish to understand behavior, the homeostatic or balancing devices are adequate to maintain the person in a relatively constant pattern of behavior. One needs therefore to look to the psyche or the soul rather than to the body to provide one with the more meaningful and practical answers to the riddle of behavior.

Aside from the biologic factors which influence psychologic structuring and have direct effects on brain cell functioning, there are other effects on behavior which are the result of disturbed body functioning. Anything which produces pain or physical discomfort will inevitably result in behavioral modifications. One cannot be involved with interpersonal experiences or with expanding reality experiences while he is suffering from pain. Neither can a child be involved with such experiences if he is isolated from others by reason of his illness. Since these are, fortunately, relatively rare situations, let us begin to examine the factors which enter into determination of behavior in the average individual.

## CHAPTER 3

### Interpersonal Factors in Character Structure

MAN's psyche is the factor which makes it possible for him to survive in a world of people. A more accurate statement is that man, the social animal, has survived *because* he has developed a psyche.

#### Survival and Socialization

Because the dependency period in humans is long, there has to be assurance that the offspring is acceptable to those who nurture the young. If it were not for the psyche or character structure—in the adults who care for the young as well as in the young who must learn to live as social beings—there would be great loss of life either through outright annihilation of the young by the adults or through abandonment, which is tantamount to destruction. The instinct for mothering, supplemented by the presence of the psyche in adults, contributes to the survival of the offspring. The totality of the experience which produced survival then in turn produces a psyche in the child.

Two principal forces operate in combination to produce the essential survival-mechanism of the psyche, and they are unique for every separate individual. The first is the bodily equipment which the infant brings into the interpersonal situation. This includes his intellectual potential and his sexual make-up as well as all other parts of his body. The second force is the environmental or socio-cultural pressures which are brought to bear on the infant and child.

The psyche cannot be developed out of context with the physical status and potential of the person who develops it; at the same time,

no physical equipment—no intellectual or bodily qualities—can determine the nature of the psyche developed in any given individual separate from the interpersonal pressures to which he is subjected. For practical purposes, we may say that these interpersonal pressures which the child experiences are the attitudes of his significant people.

Harry Stack Sullivan popularized the term “significant people,” a concept of vast importance in the area of interpersonal relations and without which it would be difficult to understand the formation of any character structure. The *significant person* to any individual is that person who, in his experience, is sensed to have the capacity to allay or to intensify a state of tension which exists within him. It is the person (or persons) who has the sensed power to make him feel more or less comfortable and therefore secure.

In the beginning, for any infant, there is no significant person. There is not even an awareness of people or of an environment outside himself. There is no distinction between the I and the not-I. Gradually, as repeated experience becomes organized, reality takes on the I-not-I type of concept formation, and the factor which habitually influences his somatic tension states comes to be his significant person. This not-I, this person, is significant to him because his bodily comfort is affected by her. He is so little able to control or to allay his own tensions that his very dependency makes the other person significant. He depends on her to do for him what he cannot do for himself.

### Dependency and the “Significant Person”

Infancy and childhood are the periods of greatest dependency and therefore are the occasion for development of significant person experiences to a far greater extent than in later life. There is, however, relative helplessness and dependency at all ages and stages of life, and to the degree that a person senses himself to be helpless in any area he acquires new significant people. So long as sensed helplessness exists and new significant people emerge, so long does the psyche continue to develop in any person.

In our culture, mothers are the most significant people in early life.



It might be more accurate to say "the mothering person" rather than mothers, for it is possible for fathers, nursemaids, siblings or others in the environment to take on the mothering role and thereby to become the primary significant person to the infant.

There are many areas of the body which are associated with the development of tension states. Although the digestive system ordinarily commands the spotlight, the respiratory system, the skin, the special senses such as the eye, the ear, the nose, as well as postural and pressure senses and the various points where there is a muco-cutaneous junction, such as the anus and the urethra, are also important. Much of the infant's early life is devoted to experiencing his bodily feelings.

The child's need for food makes the mother, with her food-giving propensities, his most important person for reduction of the tension of hunger. Whereas hunger tension, based on blood chemistry factors, undoubtedly is important, there is another factor—distension—which is equally important in digestive tract tension. Distension of any hollow organ is productive of great tension to the point of pain. (Recall gall stone colic or kidney stone colic.) Because the intestine is a series of loops or segments, it is easy to produce local areas of distension in it.

A factor influencing distension in the intestine is peristalsis, the rhythmic contractions of the muscles in the intestinal walls which brings about movement of the contents of the intestine toward the distal or anal end of the tract. Because swallowing will invariably initiate peristaltic waves in the digestive tract, it is apparent why swallowing will assist in relieving the tension produced by the distension. The more pronounced the distension in any loop or segment, the greater will be the need to swallow in order to relieve it.

Everyone who has cared for a baby is aware that the tension of hunger is not as troublesome as the tension caused by distension somewhere along the digestive tract. Babies keep their parents awake nights not as a result of hunger tension but because of colic (distension, usually the result of gas, but also of a bowel too full of partially digested food). However, since swallowing will alleviate the distension

distress because it fosters peristalsis, the baby with this kind of tension is often deemed hungry and is fed. This sets up the "medicine" to cure the present ill but also recreates the same disturbance.

It would be pleasant if babies' digestive equipment were uniformly adequate to handle breast milk or cow's milk or whatever pediatricians prescribe, but there is a difference in the ability of babies to digest food as well as a difference in their peristaltic ability. The poorer the capacity to digest, the greater the indigestion. Indigestion is associated with gaseous distension, and the result is colic. Colic does not call for adding more food which the baby cannot digest or handle comfortably, but it does call for the mothering person to take adequate steps to alleviate the tension state.

If the baby is breast-fed, a situation ordinarily deemed desirable, any tension within the mother is reflected in the chemical make-up of her milk. Such milk will produce indigestion in the baby just as though he had been fed food which his digestive tract could not handle. Probably the same chemicals that the mother produces which cause her to have diarrhoea when she is angry or resentful will be found in her milk and will cause colic in her baby. A tense mother will pass on her tension to the baby not only through her milk but through her total behavior. Her manner of handling the child or the nature of her footsteps will reflect her tenseness. Her voice tones will not be soothing or comforting, and the baby can be expected to respond with an increase in his own tension.

If the mother is already tense, an increase in tension in the baby tends to step up her own—and a vicious cycle is established. If the baby's tension is due to the mother rather than to some bodily state innate to himself, none of the usual ministrations of the mother will alleviate the baby's tension and this causes the mother to develop a feeling of helplessness in relation to him. The greater her feeling of helplessness, the greater is her tension and the more trouble she can cause. It calls for intelligent handling to keep a situation susceptible of alleviation from becoming catastrophic for the baby in the development of his concepts regarding interpersonal relations.

### Infant Tension

Although it is customary for Freudian-oriented people to regard sucking as a pleasure or sexual activity, one must recognize the role of sucking and swallowing in promoting peristalsis and thus in reducing physical tension. There is a tendency now to emphasize the psychological pleasure value placed on tactile sensations other than sucking. Ribble has described the need of the newborn infant to be handled if good psychological development is to be assured. She also speaks of calves being unable to live unless the mother-cow has done a good job of licking them all over when they are first born. She feels that babies develop better if they are given a type of mothering which is comparable to that given animals, wherein touching and handling are part of the picture. Corroborative evidence comes from studies made during World War II, which showed that babies in foster homes turned out better than babies in orphanages; babies who lacked handling and fondling did not develop as rapidly as those who received this kind of interpersonal stimulation.

Skin stimulation (licking, in the case of the cow; handling, in the case of the mother) is essential to babies, particularly if there is any degree of inadequacy of development in the infant's nervous system. Skin stimulation—touching, patting, gentle massaging—provides important impulses from the outside traveling inward to the central nervous system (afferent impulses) and thereby stimulates the brain to send out impulses to the outlying parts of the body (efferent impulses) including the respiratory mechanism and the digestive tract.

Since the heart activity is relatively well advanced at birth it is not so greatly in need of these outgoing impulses, but the nervous mechanism to the breathing and digestive organs is relatively immature and therefore needs such help as can be given. Skin stimulation provides such help. Ribble reports that a calf that is not licked dies without having had a bowel movement. The prevalence of "three months colic" in babies is indicative of malfunctioning of the nervous

system. Even in adults, skin stimulation will affect breathing and peristalsis. Skin stimulation of the newborn is a most common phenomenon in the animal world; it is a survival trait rather than a ritual without functional basis.

Many people with a long history of psychological maladjustment also have a history of having had marked disturbances in their digestive functioning during the earliest months of their lives. Whereas it is possible that such disturbances may in a percentage of cases be due to the tension of the mother or to her hostility toward or rejection of the child, it is also possible that the child may be the primary and not the secondary factor. He may have been born with an immature neurological mechanism which made him more prone to have increased tension within his body, chiefly his digestive tract, and the mother reacted to this with a tension of her own.

There is need for research to determine the role played by the innate digestive equipment of the child in developing chronic tension states and the role played by the mother. There are organic neurological difficulties which seem responsible not only for readiness to feel stress but for digestive inadequacies. Some of the most elementary problems have not yet been tackled; for instance, would a larger percentage of premature infants survive when subjected to increased afferent impulses such as skin stimulation and posture change than survive without such stimulation?

Breathing interferences, restrictions of movement, skin pain, pressures, postures, skin temperature changes, and pressures on sphincters are all bases for setting up a state of tension in the infant. The need for sleep is as real as the need for food and is probably chemically determined. Failure to alleviate this need will produce tension, as every parent knows, and where digestive tract disturbances exist, one will usually find sleep disturbances also.

There are probably other tensions related to disturbances in cellular respiration arising as a result of various types of cell starvation or disturbed metabolism. It would be surprising if the relative inability of many babies to digest and assimilate food were not a potent factor

for creating chronic tension states, due both to the discomforts of indigestion and to the consequent acidosis with disturbed cell metabolism. Steinfeld has named such a total biologic and cellular experience of trauma "the primal trauma."

The earliest tension states of the child are somatic, generated out of the child's own bodily equipment, but they are also involved with interpersonal relations in that what happens to the tension is largely dependent on what people do for him. These repetitive tension states lay the groundwork for the experience of developing a significant person relationship, and it is this integrated or conceptualized experience which is responsible for the development of his psyche.

### **The Child in the Interpersonal Situation**

All aspects of a child's bodily equipment enter into the interpersonal situation. In and of themselves they may not create tension in the child, but if they produce tension in the significant person they also produce tension in the child. When we come to these interpersonal pressures which shape psychic structure or psychological self image structure the possibilities are endless, for we deal with every conceivable attitude which the significant person may have toward everything. All his beliefs, his convictions, his values, and his standards—as he lives them and as he conceives them—will play their part in structuring the psyche of the child. "As a man thinketh in his heart, so is he." These are the details which constitute the psychic structure of the significant people and the bases of their operation. They will influence the development of attitudes and assumptions of the offspring, for they are the material out of which their psychological structures will be built.

No matter what the physical construction of the infant may be, it will have some relation to the attitudes of the mother. He will learn through experience that every part of him is too much or too little, acceptable or not acceptable, needing development, modification, elimination, suppression, or secrecy. His self image develops through these interpersonal experiences. It matters not at all whether these same physical traits might evoke different attitudes from the neighbors.

It is the experience that his significant people react as they do to his particular physical attributes which determines the nature of his assumptions about himself.

A disease or defect in the child will not necessarily produce tension in the people around him. If it does not, it is safe to say it will produce little or none in himself. However, even his presence, without regard to his structure, will be a focus for reaction. The fact that he is one sex rather than another is in many instances important. The color of his skin, the color and texture of his hair, eye color, or his size or weight, are other factors. The fact that he looks like "Dad," smiles like "Mother," or resembles an outsider have been determining factors for character development and self image concepts in countless instances.

Mary, age twenty-nine, had the habitual pattern of never asserting herself or her rights, but despite this she regarded herself as a selfish person and one who was rather "bad." She was a twin and much more robust than her twin brother. From the beginning she nursed well, whereas the brother took food poorly. She grew and developed rapidly and asserted herself accordingly, but from the earliest times her mother was not happy about this fact. Mother openly resented her strength and ability to take food better than could the weaker twin and in every way made her feel that to make use of her strength for her own welfare was "bad." At the same time she was expected to use her strength freely, but only for the protection of her brother or for the comfort of her parents. Even to want to be aggressive in her own behalf made her feel guilty.

Peter was a bright, healthy boy of four who was large and well developed for his age. His parents were above average in intelligence and this was their first experience in parenthood. Whereas they recognized they had an unusually fine specimen of childhood in their young son, they felt it was important not to give him any sense of pride or vanity, so they were careful to hide their own pride in him. They nagged at him for not behaving up to his size rather than accepting him and his behavior at the age he actually was. The result was that the boy, although bright, felt that he was "dumb" and stupid, and this feeling or attitude toward himself was incorporated into his psychic structure. His self image was that he was less than he should be.

John, age ten, was the son of an intelligent father and a mother of borderline intelligence. Because father was away on business most of the time, training and discipline and leadership were left almost entirely to mother, who behaved toward her son much as the proverbial hen with goslings. She was afraid of all experimentation and tried to thwart it wherever she could, but this was difficult because John was bright and had the curiosity characteristic of bright children. When she couldn't control him, she accused him of being a defiant child and called him "bad." The boy, in turn, was rebellious toward authority, took pleasure in exposing the weaknesses of others, and regarded himself as a peculiar and a "bad" person.

Emil, age thirty-four, came from an economically underprivileged family. He could never recall father working or supporting the family, who lived mostly on charity plus what Emil could gather together from along the tracks or the neighborhood shops. Father was never regarded as lazy by his family; he just was sick and couldn't work. There was no special name given to father's illness; he just vomited so much he could not attend to his construction business. Father lost no opportunity to belittle the boy for his interest in putting things together and making them work. In fact, he belittled everybody, so that it was plain to be seen that father, if only he were well enough to work, would be able to do things better than anybody in the whole world. Emil was sure his father must be the smartest man alive. Therefore, since father thought Emil was stupid, it must be so. As time went on Emil found many areas where he was ahead of father—could outclass him completely. The result was a very mixed up self image wherein he would by turns be so little and inconsequential that he was afraid to tackle anything, and again he was so self assured that no one could tell him anything. He had what might be called delusions of grandeur—for was he not superior even to father, who represented the almost superhuman?

We see in these four people how strength and adequacy may be variously regarded by significant people. It is not what one has that is the essential factor, but what one has in relation to what is encountered in the interpersonal situation.

We have seen that meeting the needs of the infant or the dependent person is the determining factor in regard to whether or not a person

comes to be accounted as significant. The more that his needs are met, the greater is his sense of well being and the greater will be the positive influence of the attitudes of the significant person. Meeting the needs of a developing person is not at all simple, and it requires the presence of many complex factors. There must be willingness as well as the capacity to meet the needs; there may or may not be some intellectual comprehension of what the needs are. This latter factor is largely dependent on the ability of the adult to understand the communications of the needy person.

So little of the entire process of communication is on a verbal level. Even after words are finally available, they seldom give an accurate picture. Especially in infants and children, the total behavior is the communication, but this is true to some degree for all people. The total behavior of the infant requires moment-by-moment deciphering.

It is common for the parent to disregard in large measure the total communications of the child and behave toward him according to some extraneous or irrelevant prescription. She may listen to her own childhood experiences and behave toward her child in such a manner as will duplicate or oppose them. She may listen to the advice and suggestions of some authority, be it the pediatrician, a child-psychologist, or grandma, rather than try to understand what the child as a totality is saying. There is, to be sure, room for listening to the experts, but listening to the child should come first, for there is nothing another person can say that is quite so important as what the child has to say to the parent.

The reasons that parents do not pay sufficient attention to their children's communications may be various. Perhaps it has never occurred to them that the child can communicate; perhaps their habitual pattern is to look to some authority-figure for answers to everything; they may be too busy to take the necessary time; they may be too preoccupied with their own problems and anxieties to be more than perfunctorily aware of the child; they may regard their neighbors or their relatives as adequate determiners of behavior; they may have a definite resistance to listening, either because of hostility toward the



child or because understanding the communications would demand some behavior from them which their own attitudes would proscribe. Whatever the basis, the results are not the most desirable.

Failure to try to understand can cause the infant to develop certain assumptions both about himself and about the society in which he lives which will have a lasting influence on his psychic development, just as the infant's early experiences with people who either understand or obviously try to understand his communications will also have a lasting representation on his personality structure. These experiences do, in fact, constitute the basic material upon which all later psychic development will rest. These are the experiences which contribute to the structuring of the self image.

The infant experiences a basic depreciation in self esteem if "the one who knows best" takes it for granted he doesn't know what he is talking about or is not worth listening to. This might even account for the failure of many adults later in life to "listen" to their bodies or to their other feelings. Fatigue is brushed aside if the external authority or the internalized censor demands more effort or better performance. They will "whip a tired horse" with pep pills rather than succumb to the need for rest. Mistrust of oneself may begin at this early period. Self depreciation also begins then. However, just as unfortunate assumptions may take root during these early experiences, the opposite may also transpire if the experiences lead to a happier conclusion or assumption. The child may even get the idea that communication in and of itself is desirable or undesirable. It is deplorable to discover how many people have never during an entire lifetime felt that they could communicate with any hope of being understood.

Aside from attitudes toward himself which are the product of earliest interpersonal experiences, there are attitudes toward other people which result from these same experiences. He will have built the foundation for either trust and confidence or mistrust toward people. If his earliest experiences with people have led him to feel that they care, that they are interested in him and try to meet his needs, one can postulate that his attitudes throughout life will reflect this

experience. If his early experiences have led him to assume that the world of people is disinterested or thwarting or actually hostile or seeking only to be inflated through him, this belief will guide his later relations with people in general.

It would be nonsense to insist that if infancy experiences lead to either of these experiences, nothing can change them. Assumptions do change, but the earliest experiences are like the footings of a building. They are the basis for the foundation. Likewise, the attitudes of people tend to be consistent, and since the same person who provided the interpersonal experiences in infancy ordinarily continues to provide subsequent experiences, they all tend to be of a kind and therefore tend to reinforce the earliest experiences rather than to cancel them out. It is not the single episode of failure to respond to the communications but the prevailing over-all pattern which is important. It must, indeed, be an extraordinary situation if one or even many failures on the part of the parent were traumatic enough to cause lasting mistrust and hostility. Fortunately, it is the weight of evidence that counts.

If, despite the attitudes of the parents, the growing child should maintain confidence in the validity of his own experiences, we might well have one of the characteristics so commonly found in the paranoid personality—a belief in the validity of one's own percepts, concepts, and conclusions, over and beyond any contrary opinion held by any authority. To find oneself right and the opinions of those who are supposed to be stronger or wiser, wrong or in error, would pave the way for the routine devaluation of the expert or of those in a position of advantage, which is a characteristic so common among paranoid people. They feel quite confident that theirs is the final or ultimate judgment. Not uncommonly the paranoid character has incorporated not one but two self images; he has retained the little as well as the inflated self concept. Such dual self images make life very difficult, for neither one is realistic.

Persons who have not been able to give up either their own ideas and conclusions or those of the significant person, even though they be highly at variance, may describe themselves as feeling very confused; they may wonder whether they are insane. Some cannot talk to

anyone about their confusion because it might reveal their own deranged state or imply a faulty attitude toward the parent; they may be afraid to find out definitely and conclusively that the parent is wrong or is a liar. What is there left if one cannot rely on one's parents?

If parents regularly rely on some outside authority to give the correct answers, they may transmit to the child some degree of lack of confidence in themselves. The child would sense that he is in the hands of incompetent, unsure, and more or less helpless people. Such insecurities as he may already feel are intensified, for the more helpless one feels the more strength one seems to demand in whatever one relies on. There is nothing like quiet sureness in a parent to create an atmosphere of security and thus a sense of security in the child.

Many parents delude themselves into believing that their own feelings are not sensed by the children. Ordinarily the children do not consciously recognize these feelings, nor do they understand the source or occasion of the feelings, especially where the parents do not verbalize what is going on, but they sense full well when there is tension, when there is hostility, resentment, anxiety, or fear, or when there is contentment, placidity, and confidence.

Meeting the needs of the infant moves so gradually and imperceptibly into the area of meeting the needs of the child that no dividing line can be drawn. Yet it is obvious that the needs change a great deal. At one time the needs are almost totally physiologic and supportive. Gradually they change to needs for limitation, for freedom, and for experimentation. In the beginning limitation is unnecessary because the physical inadequacies of the child bring about all the limitation that is required both for the infant and for the adults. Finally, the maturing individual needs to learn relationships between cause and effect where distance and time are factors, to learn the relationships between independence and responsibility, and the relationship between freedom from and freedom to.

### **Less What Than How and Why**

Freudian psychology gives much emphasis to the experiences surrounding toilet training as they affect the psychological development

of the child. It holds that it is in this area that there commonly occurs, for the first time in the child's experience, a clash of wills. His introduction to the prevailing culture means he must forego old and satisfactory ways of behaving for new ones which he has not mastered and which are in many ways unpleasant and unsatisfactory, for no apparent reason other than that the significant person demands it. It is not strange that the child here may discover that the parent is harsh and cruel and that he has unrecognized hostility toward her. The presence of the hostility places the child in a serious dilemma, since he both needs and loves her and hates and would destroy her, even if for a brief moment.

However important toilet training may be in the area of interpersonal relations and of psychological development, a moment's reflection will show that it is not toilet training per se which has such major weight. Rather, it represents but a "sampling" of the interpersonal relations which existed before toilet training began and will continue long after toilet training has been accomplished. A parent who is rigid, stern, disgusted, and abrupt in the matter of toilet training will tend to be the same kind of parent in other areas. One does not find a mother who is almost fanatically orderly in her over-all patterns of behavior who can tolerate the disorderliness of an untrained bowel or a mother who "knows" what is right who can tolerate exploration or experimentation. It is a fallacy to expect parents to be inconsistent in their attitudes, and if they have a well defined type of reaction in one area they will have it in many others. The episode is merely a reflection of the totality of the experience.

We have been passing through a phase in which experts in child psychology have emphasized the importance of freedom for the child, freedom to express himself and to develop his innate potentials unhampered by thwarting, officious, and artificially molding parents or others in a position of power or advantage. It is difficult to say how much was constructive in this philosophy, but it has produced many unfortunate concomitants. Child psychology, built as it has been on Freudian concepts, has believed that children have innate hostile, ag-

gressive impulses (Id) which needed to be expressed while they are children so as to help them have less hostility when older. Parents who spanked their children were considered unenlightened or immature. It was assumed that if children were given free rein, they would gradually become socialized as a result of the pressures of reality factors. Such a point of view has undoubtedly been a protest against previously prevailing mores, where the child was essentially a pawn of the parent, was to be seen and not heard, and was not regarded as having anything innate which was worth developing. This more recent philosophy of uncurbed freedom, this protest, (like the rest of the Freudian theory which grew out of and was a protest against Victorian mores) would seem to have served its purpose.

A child is not innately hostile. He is hostile only to the extent that he is frustrated in securing two basic things—freedom from helplessness and freedom to develop. Children need the security which is inherent in operating within defined limits. Parents who do not meet these needs, either through placing no limitations or through making the limitations so changeable and inconsistent that the child is confused and bewildered, are responsible for creating chronic tension states in their children as surely as though they had failed to assist them with their physiological needs when they were infants. When one considers the prevalence of children who are equipped with some degree of “association deficit pathology,” it becomes fantastic to assume that all children can make use of or can profit by a like amount of freedom.

A child who must be perpetually circumspect or in control of himself so as to protect the parent is in the position of being parent to the parent. If the entire responsibility for setting limits is placed on the child, he is saddled with a burden he is not equipped to carry. Many adults who were brought up in this type of situation have an inordinate fear of expressing any hostility lest it get out of control.

Limitations which can be felt and can be counted on help to give an individual a frame of reference for operating. A child in the hands of strong parents who are ready and willing to set the limits has the same kind of secure feeling which adults have when they believe they are

in the hands of a powerful but benevolent God. Child Guidance Clinics are familiar with the insecurity symptoms of children who needed parents who should have provided some degree of limitation on their freedom. The burden of complete freedom or of being responsible for imposing their own limitations seems to be intolerable to children. They need to feel that they are in the hands or the care of people stronger than they, particularly if the stronger parents are not hostile, thwarting people.

When the limitations or punishment or discipline are dictated through hostility or through the neurotic felt needs of the adult, the chances are that the child's resentments will increase and rebellious behavior will flourish either openly or secretly. Parents display their immaturity in a great many ways. There is no more reason to feel guilty about displaying it in the area of discipline than in any other, yet there are many parents who feel they should be commended because they have never spanked their children, and there are many others who feel totally helpless with their children because they are afraid to "get tough" with them or lay a hand to them unless some authority-figure gives them permission to do so.

The really unfortunate thing about spankings is that many parents continue to use this pattern even when it obviously does not accomplish any desirable purpose. Many parents feel better after smacking a child—as though the score is somehow evened again. Here the spanking does accomplish some good—if only for the parent on a momentary and neurotic level. Feeling better usually includes feeling better toward the child, and this is of real value in resumption of warmer interpersonal relations. A more traumatic experience for the child is to be in the hands of a parent who carries a grudge and refuses to communicate with the child for hours or even days.

The inability of many parents to exhibit any toughness to their children may stem from their own experiences with toughness or cruelty in childhood or from their assumptions of being little and inadequate themselves. They may also assume that because a certain pattern of approach was effective for themselves in childhood, it is going to work with another child.

No two children are alike, and what will be suitable for one may not fit the next. One child will have such a highly developed capacity for empathy that discipline and limitations scarcely enter the picture. Another has such good capacity to see relationships and abstractions that talking things over and explaining a situation will suffice. Another has neither of these capacities and responds only to painful stimuli. Others are not even slightly influenced or deterred by this physical approach but respond to deprivation or to incentive.

A question arises as to whether parents should stand together in disciplinary situations, even though there is no real agreement between them, so as not to confuse the children or create in them an impression of disunity. Children are not so confused by disagreement between two people as they are by inconsistency in a single person. It is surprising how much disunity a child can survive and still seem reasonably healthy emotionally. Home is the place where the learning process begins, and it is quite a realistic experience to discover right in one's own home that people have divergent opinions.

In such circumstances for the parents to be honest, even to the point of having strong feelings about their position, is not likely to be as confusing to the child as if they were dishonest. The final authority will be related to the degree and kind of significance which each parent has for the child. It is remarkable how well children may get along under circumstances which are considered by one or the other parent to be completely impossible or deleterious. It is best when children know clearly where their parents stand, even if they cannot stand together.

Integrity is expressed in many ways. It is the rule rather than the exception that parents place much emphasis on honesty and punish dishonesty yet seem oblivious that they themselves are dishonest in many ways. They pass the buck; they are evasive; they tell only that part of the story which places them in a favorable light; they say nothing at all and thus imply the opposite; they fail to express their true feelings. The more one thinks about honesty the less sure he will be that he is honest except in highly selective areas.

A sense of interpersonal security is one of the factors which assists the child to experiment more freely with external physical reality. The

growing child has a need to experiment and to explore, to increase his grasp of physical reality, whether it be to take things apart or to conquer spaces, to see how the opposite sex looks or to ask interminable questions. Not infrequently parents get their own feelings mixed up with what they think the child is doing. They attribute a moral aspect to what is going on instead of recognizing the activity for what it is, a part of the growth process. Many parents squelch the "reality explorations" of their children through their moral condemnations and deprive them of the security born of increased grasp of fact as well as the security of being acceptable.

It is surprising how many of the demands and limitations adults make on children arise not out of intelligent concern for the total welfare of the child but out of their own unrealistic assumptions. There are so many felt needs with which adults are burdened and they feel compelled to have everyone assist in fulfilling these needs. One of their perennial needs is to have children who will spare them the necessity either of feeling helpless or of getting tough. The most sensible thing for adults to do is to face what they are doing and why they are doing it. Probably a majority of the demands would then be modified or eliminated, and the few that remained should then be made to stick because they are realistic.

Is it really so important that the child never get hurt? Doesn't he need to learn through experience that one recovers from most hurts? Is it essential that everything be in order all the time? Do the manners of the children have to demonstrate that the parent is a good parent? Does the child really have to be bright? Does the child have to be what he is not, in order to keep the parent from facing the fact that his capacity to love is small? Must the child stay in the same groove or rut as the parent? Will making sexuality taboo help the child to be a better human being?

### **Sexuality and Children**

Everything that pertains to sexuality is a problem to many parents. They can scarcely accept that sex is present from the moment of birth.



Sometimes they exhibit a feeling of secrecy or embarrassment in relation to either verbal or actual handling of genitals, no matter how young the baby, even to the point of failing to do a thorough job of cleansing if there be someone else present in the room. This kind of reaction provides the pattern for the child's reactions to sexuality through life.

How one should give sex information to children needs consideration. The attitudes of parents toward the body are far more important than anything they may say. The basic requirement for assuring proper education is to feel comfortable with sex oneself, so that one can see, hear, or speak about sexual subjects as calmly as though the subject were the weather. Sometimes a parent, in her neurotic need to demonstrate her freedom from sexual inhibitions, talks too much.

A normal child will ask questions about sex as freely as about anything else provided he has not been made to feel it is an area which disturbs the parent. Answers to questions should be direct, factual, and pertinent. There is always time for more detail when the next and the next questions come. Differences between the sexes can be learned early, even without questions, if the parents are not disturbed about bodies. Having a chance to see new babies bathed and diapered may answer many questions before they are asked. Where babies come from and how they are born are common queries. Direct answers are helpful, but if the children can have contact with pregnant animals and be present at the birth of their young it is even more meaningful. Sexual feelings, coitus, and actual impregnation are subjects for questions that usually come much later than the former ones, and they often come as a way of checking or verifying information that has come to them from other children whom they suspect of not having accurate information.

For little children there is no such thing as sex as adults see it, but only genitals and sensation. Unfortunately, the emotion of shame is commonly added early. A child whose general interests are expanding will not give his or other genitals more attention than is their due. If, despite adequate opportunity for being involved with a wider range

of interests, the genitals receive a disproportionate amount of attention or preoccupation, it would be reasonable to wonder whether it was part of a larger pattern of perseveration such as one finds in "association deficit pathology" or of disturbed interpersonal relations.

Children are often curious about differences in shapes and sizes and positions. Who stands to urinate, who sits, and why? Contrary to generally accepted Freudian dogma, most little boys are not afraid of losing their penis, and very few little boys or girls regard girls as having lost a penis. The differences are there because girls are girls and boys are boys. Little boys do get a great deal of pleasure from their penis, and it is possible that some may even pause for a moment now and then and feel sorry for the little girls who do not have such a wonderful plaything. The girls, however, not ever having had any such experience or even any awareness of what they are missing, almost never give a thought to having a penis. On rare occasions they may wish they could compete in a urination contest, or they may wish they did not have to squat to urinate, or they may wish they also had something to show, but few girls have ever really wished for a penis.

It is comparable to the fact that people growing up without a capacity for empathy never know what they are missing, or feel any need for it. From the male point of view it is quite natural that men should attribute penis envy to females, but this is only a projection and not according to fact. It is also natural that psychiatric theory of the past, having been formulated largely by men, should present a male viewpoint and interpretation.

Because little girls' genitals are so well hidden, they call for special investigation and exploration. Such activity rarely implies sexual interest in the adult sense, even though there may be secrecy and shame. Such explorations need to be handled carefully, for they express movement and growth in a mature direction, but the children need to learn also that they are in a society which will not accept free behavior of this nature. If sexuality be equated with "dirty," "vulgar," "nasty," and "bad," it is difficult ever to have really healthy sexual thoughts or experiences later. Sex is not idyllic either; it is factual and real, and it is

just as possible to impregnate young minds with this kind of unrealism as the unrealism of its vulgarity. The best guarantee of healthy education of the young is to have healthy sexual attitudes oneself. This implies an acceptance of sexuality, and of male and female anatomy, physiology, and roles. It implies that sex is part of the normal experience of living but not more important than living. It is not sex that creates the disturbances in life, but rather the attitudes toward sex which cause the trouble.

### Peer Association Needs

Children also need the experience of close association with other children. Despite the fact that many parents feel considerable distaste for the children who are available or who are selected from the school or the neighborhood, it is safe to say that any child contact is preferable to no child contact. Sullivan has written explicitly about the role of other children in the development of the psychic structure of the child. To be deprived in this area is to be seriously handicapped.

Many mothers feel compelled to spend quantities of time entertaining their children. They may spend more time out of doors with them than they feel they can afford but "the children must come first." Then may follow a feeling of hurry with regard to the activities of the home or a sense of being overburdened, plus a feeling that the children have somehow interfered. Perhaps the children would fare equally well if the mother stayed more within her own role of adult and in doing so had more time for the children *while* she was maintaining her integrity as an adult. There is better chance for identification of the child with the adult in such a pattern. Likewise, the simple and routine activities of living may take on more interest for children when the adults stay in their own roles, especially when the adults are ready to share these experiences with them. To be sure, it takes more time, energy, and patience to do things in this manner, but the rewards are great.

Parents who accompany their children in their play activities tend to hamper them in making adjustments to their contemporaries, and

they also help to block the children from relying on their own resources. It is a common finding that when parents undertake the job of keeping their children entertained or happy, the demands of the children become insatiable. There is nothing short of twenty-four-hour-a-day duty that will suffice, and this can lead nowhere except to more and more resentment and hostility from both sides. All that some parents have to do to get over hating their children is to stop trying to do so much for them.

If a child learns through experience that people are trustworthy, he can also learn through experience that people exist primarily to be at his beck and call; that he has only to express a desire and satisfactions come pouring in; that nothing is required of him in exchange for gratification. Or he may learn that he, too, has to make some effort; or that waiting is no tragedy or catastrophe. He may learn that he is the center of the universe or that he is part of the whole or that he doesn't count. It may be that part of the difficulty with youngsters today stems from the erroneous belief on the part of parents that in order to be "good parents" they have to keep their children happy. They have let their children grow up feeling the children are to be considered first in every situation and that all else is secondary to their desires. It is not easy to alter one's self image once it has been formed, and to get oneself into perspective with relation to the rest of humanity is sometimes an impossible objective. To love a child is not the same as giving in to him. To love a child is to help him to be prepared for living in an interpersonal world.

### **Felt Needs and Real Needs**

*Meeting the real needs of the child constitutes the first phase of psychic structuralization. The second step involves the needs of the parent rather than those of the child.* More accurately, we deal in the second phase with the *felt* needs rather than the true needs of the parent or other significant person. Whenever any felt need of the parent or significant person is not met, it produces in him a state of tension which in turn sets up a state of tension in the child. The latter

has learned through past experience the relationship between tension states and threat of nonsurvival, and this unconscious conceptual relationship persists, so that tension, whether due to his own physiological processes or to tension in the significant person, is felt to be dangerous.

Since the parent's felt needs (have to's) are of long standing and rigidly structuralized into his character, something has to "give," and it tends to be the child rather than the parent that changes. *The process of making these changes which will relieve the significant person (and secondarily and indirectly, the child) of undue tension is the process of character building or of psychic structuralization.* We see that the psyche is an adaptive mechanism developed out of interpersonal relations and geared toward surviving (feeling secure) in the particular interpersonal milieu in which it is structuralized.

Whereas the felt needs (have to's) of any two people will never be identical, there are certain ones which are general or common enough among parents in our culture to warrant mention. Some of these are: protection from a feeling of helplessness and inadequacy with reference to their offspring; unquestioning acceptance of their superior wisdom, qualities, or judgments; acceptance of their motives as loving and helpful. Parents may need to be right or to be accounted right, to act as though sex does not exist, to be needed even to the point of indispensability, to have no display of aggressive, hostile, or resentful behavior by the children, to get prompt obedience, to have children who inflate them. The list is endless, and the individual variations are what make the study of behavior so fascinating and so complex.

Whereas the tensions of the parent are often totally unrelated to the child, the child has no way of knowing this, and he may develop a pattern of extreme physical closeness to the mother in order to get some measure of reassurance and assuagement of his tension or he may develop a pattern of detachment and of independence from her in order to get relief. Often one finds a self image of inadequacy or of not counting or of "badness" developing in a child who was incapable of bringing about a decrease in the tension state of the significant person.

Felt needs are quite consistent in any person and he will tend to do whatever he can to have these needs fulfilled. A parent will tend to insist on his or her own felt needs being satisfied even if it means sacrificing the real needs of the child. An example of such a situation may be seen when the child's healthy curiosity and need for exploration of his universe enters the area of sex and this real need collides with the mother's felt need to deny this area. The mother's felt need tends to win, and the child stays away from sexual areas and subjects or he persists in fulfilling his need for experimentation at the cost of feeling guilty.

When the real needs (such as for growth and development) are sacrificed by the child there is certain compensation gained for him, since in meeting the felt needs of the parent a sort of "homeostasis" is again reached. The real need is past or forgotten—somehow he has survived without it having been met—and there is a modicum of security reestablished in sensing the returned ease and comfort of the parent. The feelings of the child ordinarily are so intertwined with the mother that her state of comfort or discomfort is of paramount importance to him. An ungratified parent is a tense parent, and a tense parent can only create tension in her child. These are the beginnings of empathy, without which there can be no human society.

### Values and Survival

Whereas in the beginning the child equates tension states with danger (which on a fundamental level might be equated with threat of physical calamity or disintegration or nonsurvival), tension states gradually come to be associated with threat of nonsurvival "spiritually" or in perpetuity in a religious sense. This is because each of the felt needs of the parent is associated with some moral value judgment. To fulfill the felt need is to be "good," while to fail to fulfill it is to be "bad." Thus we begin to see that the psyche is the individual's system of values—principally, if not wholly, moral values.

Each of us forgets how his value judgments are related to the significant person's tension states. It is doubtful if we ever perceived it con-

sciously, and we retain it merely as an unrelated item, something we take for granted—an attitude which has become the basis of a detail of our behavior and our feelings toward people. The fact of this detachment between the assumption and its basis accounts for the role of the unconscious in all interpersonal relations.

If the parent cannot tolerate expressions of hostile aggression, then the child will feel that such expressions of behavior or feeling are “bad” and will conduct his life based on such assumptions. Likewise, if he experienced severe tension and anxiety as a result of conflict between others, he will also incorporate a negative attitude toward such conflict exactly as though it were taboo in his home. Whatever produces insecurity or fear of nonsurvival is “bad.” Whatever relieves it is “good.” On the other hand, if the significant person highly values “toughness,” then, to capitulate or to be considerate or to be “weak” is “bad” and therefore dangerous.

What the child does with all the attitudes he encounters will depend on what the persons in his environment have come to mean to him. There will be acceptance, acquiescence, defiance, skepticism, rejection, rebellion, circumvention, superficial conformity, or disregard, all predicated on previous experiences, his feelings about himself and his own adequacy, and the feelings he has built up in regard to the people around him.

Early strong feelings tend to endure, even though the basis for such feelings is part of the unconscious which all people have. Probably the reason most people have persisting kindly and trusting feelings toward their mothers, sometimes toward obviously inadequate mothers, is that by reason of her biological or chemical structure, which some would call instinct, each tended to have some mothering urge in regard to her infant and thus his earliest experiences with her were more gratifying than frustrating. When one contemplates the general inadequacy of parents, it is a wonder that so many people continue through life to regard them as “special” almost to the point of veneration.

Such feelings of dependency and trust predispose to identification with the significant person, so that the child becomes a partial replica

of her traits, mannerisms, assumptions, and values. This tendency toward identification has important implications. If the mother be the person of greatest weight and importance, her attitudes toward the father and toward herself will be represented in the character structure of the child. If the child be a male and the attitude of the mother toward the child's father be one of warmth, acceptance, respect, trust, or other positive feelings, then it is obviously "safe," i.e., right, for the boy to identify with his father and to "take after" him, to grow to be a man "just like daddy."

If, on the other hand, mother resents her husband, belittles him, shows contempt or other negative feelings toward him, then it becomes distinctly dangerous for the boy to develop any resemblance to his father. He is thrown back upon the necessity of becoming like mother or like some real or hypothetical character whom she accepts or idealizes. It is obvious that such a situation is fraught with great difficulty, for the boy runs the risk of developing a feminine identification, which in our culture is frowned upon and little understood. If it is clear to him that much as he would wish it otherwise, he is actually like his "bad" father, he tends to develop an attitude toward himself similar to the attitude which mother has toward father. We look at much of life through the eyes of another person.

If the child is a female, there is still the common pattern of mother being the primary significant person and identification with her is the rule, but in this case it will be the mother's attitude toward her own role as female as well as her attitude toward males which will carry weight. If the mother accepts her total physiologic femaleness, and if she accepts the role in life which she has, including her role with relation to males, then the daughter will tend to accept her own femaleness too. If, however, the mother contrasts her own sorry lot with that of the male, then the daughter cannot help but identify with this attitude and become another one of the females who is a maladjusted woman, who is in competition with men, and who belittles her own sex. Here is the personality maladjustment that the Freudians labeled "penis envy." This does not necessarily mean that these women actually



"want a penis" (though some do), but they would gladly accept the appendage if it would bring them the other things which seem to accrue merely as the result of having a penis. The girl's identification with the mother commonly extends to mother's attitudes toward men. If mother has positive feelings toward them, the daughter will have an easier time establishing relationships not only with her father and male siblings but with males in general.

We might paraphrase this by saying that boys need a mother who likes her husband, while girls need a mother who likes her own role as woman. The role of woman includes the relationship of woman to man.

The mistake is often made of considering the women who are active, aggressive, independent, competent, intellectually alert, or relatively fearless as having a masculine identification. This is jumping to unwarranted conclusions. It might more logically be that the mother of such a woman had these same traits and that the woman is merely identifying with a strong, capable female, and not with a man. It is the immediate social milieu which is important rather than the culture as a whole. The same might be said of jumping to the conclusion that a weak, submissive, passive man with aesthetic tastes and interests has a feminine identification. He may simply be identifying with his father who had these same traits.

The role of identification is of vast importance in the structuring of any psyche. Families tend to regard themselves as having certain worth or certain duties and privileges, certain attitudes that go hand in hand with certain roles. The functions of males and of females, the relationships of older to younger members of a family, come to be established in this way. *The assumptions concerning all interpersonal relationships, chiefly as they concern roles, become the real and abiding basis for all subsequent behavior.*

Still another factor is important in the development of any person's psychological self image. This is the realistic experience of littleness and inadequacy throughout the entire time that the self image is being fashioned. Parents may accept the child as he is and may put no

untoward pressures or demands upon him, and at the same time the child may incorporate a feeling of self devaluation which will determine much of later behavior. Commonly, when a person has a sense of lack of adequacy, he finds it too intolerable to bear, so he does something to change the situation. He may emphasize or even develop some compensatory trait or function that will take his as well as other people's attention away from his littleness or defect, like pulling a red herring across the path.

Here we are dealing with the contributions of Adler and of Horney to the understanding of psychodynamics. Whereas Adler stressed the sensed inferiority in some particular organ as producing compensatory psychic "hyperplasia" or overgrowth, it was Karen Horney who sensed that it was the total experience of littleness, which is the lot of all of us in childhood, that determines our insecurities and the need for developing patterns that will minimize the threats and make us feel safe.

### **Psyche as Survival Mechanism**

The concept of the author is that it is this very sensed littleness, the dependency, that causes people to build the entire structure which comes to be the psyche or the self image of the individual. *The psyche is thus an adaptive or "defense" mechanism which is necessary to his security feelings.* Without it he feels threatened, helpless, and defenseless. It is his armor for survival.

The child may also refuse to accept his deficiencies and inadequacies and deal with them by denying their presence. Sometimes he gets his cue to deny them from a parent who is unable to see or cannot bear to see anything but the superlative in herself or her offspring. Such a person might well be unable later to tolerate any reminder of defect or inadequacy or blemish and at the same time be unable to go through the "becoming" process. Out of such backgrounds paranoid characters are built.

Early strong feelings in regard to any focus of attention tend to persist. It is difficult to alter a feeling about something if that feeling has been developed as a result of experience. This is the reason that we

tend to carry with us not only our feelings of littleness or of our inability to tolerate littleness but our love for our mother or our father, our resentments, or our various fears.

One young woman was afraid that she would become afraid or anxious in the presence of people, so she avoided them as much as possible, or when she did mingle with them she had to make sure she sat near an exit or had a way of making her escape gracefully, for she did not want to be caught being afraid. It was her firm conviction that people whom she liked would reject her if they knew she had "anxiety attacks." As a child she was terrified of electrical storms, but she did not dare display any fear, because then she would have not only the fear of the storm but the discomfort of a rejecting mother, since mother had no patience with any one who was "weak" or had "unreasonable" fears.

An unusually intelligent and competent young man developed severe psychiatric symptoms: He was so blocked in his thinking and in his verbal expressions that having any contact with people was extremely painful. In addition, he fatigued so easily that he could not perform "even an average amount of work without need for rest. He had many fixed assumptions which entered into his illness. (1) He had to perform "adequately" (to those not having his standards his performance requirements would be regarded as perfectionistic) in order to get by. (2) Others would have contempt for him if he failed. (3) It was important not to let anybody down or to disappoint anyone.

These assumptions were natural, given some understanding of his background. He was the eldest son of a perfectionistic father who regarded himself as less than a success. The son had assumed the task of keeping father happy by being the success father wanted for himself; in fact, the father was reconciled to living only as the son succeeded and father could live vicariously in him.

A vignette which the patient recalled serves to typify the basis of assumptions which he held: When he was very small he got father's permission to drive the horses hitched to the plow, and plow a furrow. He had gone but a little distance when father yelled at him angrily, yanked him off the plow, scolded him for not plowing a straight furrow, and sent him off toward home. Father continued on with his plowing, and the

little fellow disappeared over the brow of the hill, sick at heart. It never occurred to him that he had done well to drive the horses or to keep his seat on the plow or to make any furrow at all. His only feeling was that he had failed and that as a result of his failure father had rejected him, a fate too painful to face.

By trial and success the child gradually learns what sorts of behavior and attitudes will be effective in providing maximum sense of well being with regard to the world and the people about him. If the significant person gives generous acceptance and support, makes demands which are within the reasonable powers and capacities of the child, refrains from excessive thwarting of the natural physiologic or somatic potentials of the child, and is aware and accepting of the "becoming" or growth process, the character traits developed will tend to be in harmony with the pressures, demands, and attitudes of the significant person.

If the significant person has failed to meet the needs of the child, has apparently been untrustworthy, has seemingly entered upon a campaign of thwarting the child or making unrealistic demands upon him, the child will certainly not be acquiescent unless he has found that he must be in order to have any semblance of security. In such an event he will tend to structuralize such traits as demanded, but he will do so with resentment and a rebellious attitude. He does this at great cost to himself. The child may also be neither acquiescent nor rebellious toward the significant person but merely present, pursuing a course designed to make the most of his nuisance value simply in order to get attention. There is nothing more terrifying than to be ignored; it makes one feel so helpless. Few children can stand this type of treatment without developing character traits to alleviate it.

Mr. and Mrs. Rose were married against the wishes of her family, who considered him somewhat unstable and beneath her. Their first child, a son, was born dead, and they were saddened, but not for long. Their second child, also a son, died shortly after birth of an intestinal disturbance. Then came the third child, also a son, and he did not die. They adored their baby, who was well and healthy and responded to their love with a sunny,

happy disposition. There was nothing he had to do, nothing he had to become in order to be acceptable. They were happy merely to have him alive and responsive to their love.

This son, John, eventually grew up to have the traits which had been fostered; he was a happy, contented, carefree, responsive person every one was glad to have around. He never made enemies; he never had to work very hard but he seemed to get all the "breaks." Eventually he went to college, and although his grades were not outstanding he was offered a substantial scholarship for postgraduate study. Even the college was impressed with what a nice person he was and liked to have him around! Life has continued in about this same vein for him.

When John was two, the next child was born and again it was a son. Mother's special need for a living child was already filled, so it was clear this child, Sammy, could not "get by" merely by being there. His acceptance and his status came through making few demands, being perpetually helpful and protective and thoughtful of mother. By the time Sam was eight he was the kind of boy who developed guilt feelings over having spent a dime for a coveted pocket knife when he should have given the money to mother for bread or kindling. During school recesses he worked at a butcher shop across the street from school, earning a few pennies or getting a little meat to take home.

Sam's life has been one of endless solicitous care and work for the ones he has placed in a significant role—first his mother and later his wife and children. He has never had the assumptions his older brother had, that things come easy or that hard work was not demanded as the price for everything one gets, yet he was as bright or brighter than his brother. He never could be personally ingratiating and expect anything to accrue to him from this behavior. Only work, helpfulness, and self denial were supposed to bring worthwhile rewards to him.

When Sam was two, the next sibling was born—also a boy—and this was a genuine disappointment to the mother. She had her beloved oldest son, who brought cheer wherever he was. She had a child to be helpful and considerate. Had it been a girl—but another boy was not easy, especially because the tensions between mother and father had been mounting, and she tried desperately to feel that her family had not been right in their appraisal of her husband. She was preoccupied with her many troubles.

Her preoccupations and increasing irritability and impatience left this

third child with a feeling of helplessness and aloneness with which it is difficult for any child to cope. He did his best not to be left out completely, so he forced attention through being a whiner and a crybaby. This became his pattern of operation through necessity, and he persisted in it past adolescence and into young manhood, when this character trait was shifted to braggadocio. He has proceeded through life bragging in order to get the attention that once he got through whining.

Jane grew up feeling considerable contempt for women and choosing her activities in a field that is usually regarded as the province of men, namely, engineering. In school she was contemptuous of anyone who could not make straight "A's," and in her life in general she had no patience with weakness or dependency. She could lean on no one for anything except as she could exploit him. In her family she was the one whose opinion was to be sought and followed in all matters.

Such extraordinary strength, built into a lifelong character trait, had a logical background and cause. Her parents had good, average intelligence, but Jane, by some accident of fate, was endowed with an I.Q. of approximately 150. Mother was a person who regarded women as inferior beings and born to hold a rather helpless role except as they could maneuver the stronger males into capitulating through their tears and hysterical scenes. From the earliest days her care of Jane, her first daughter, had been disturbed, partly as a result of the precocity of the child and partly as a result of her possessive, fearful, helpless attitude toward her daughter. She could not give love unless the child were more helpless than herself, and since Jane's innate capacities were great, it became necessary for Jane either to deny her need for love and use the powers she had or get love and acceptance at the price of denial of her innate strength. Her choice was to forego love and use strength, partly because she found plenty of instances which indicated that the love of mother was spurious.

There are some who, through a kind of sixth sense, regard their parents from the earliest months of their lives as enemies to whom they must not capitulate under threat of annihilation or nonsurvival. To be sure, their character traits or structures are warped and twisted when compared with other people but at least they make some meaningful strides in developing and using their innate capacities, which

they could not do otherwise. There are some parents, especially mothers, who may best be likened to octopi. They put their arms about their children in what looks like a gesture of love but which actually turns out to be a stranglehold which results in destruction of the object they seem to embrace so warmly.

Just as one person has to become strong to get acceptance and therefore security, another will have to develop "nervousness," a third will have to curb himself so as to have no wants, and a fourth will have to be perpetually clever or considerate. If we look with a critical eye at what we have become, we will see that our traits could not well have been otherwise. We are what we are through the logic of events rather than through heredity or deliberate choice.

In some instances the inability of the child to understand the communications of the parent is a factor in shaping psychic structure. The child may find it necessary to detach or isolate himself from the people whom he cannot understand. He may be unable to locate a course of behavior with relation to people which seems to make consistent sense or which provides a modicum of security. What goes on between them looks or sounds like love but feels like hate, or today it looks and feels like love but tomorrow like hate, or what he plainly sees is staunchly denied by others. In such a situation it is difficult to get one's concepts of human relationships straightened out, and it may be easier to avoid the whole business.

Many have insisted that this unintelligibility of parents is invariably due to some basic rejection attitudes on the part of the parent. Whereas this is sometimes the case, it may also be due to the child's "association deficit pathology." The characteristic lack of perspective and integrative capacities and the concreteness of their thought processes make it difficult for people with this handicap to arrive at "sensible" conclusions, particularly in regard to people, who are forever changing. Likewise, their various lacks and deficiencies make them particularly trying to the parents who have learned through experience with them that it is time consuming and often futile to try to explain anything to them which involves use of abstract concept formation. Communication,

therefore, is impeded not so much through parental rejection as through their own inadequacies.

### **External Circumstances and the Structuralization of the Psyche**

Obviously, only a few of the factors impinging on the child and influencing his psychic development can be presented here, but the study and understanding of any individual calls for detailed familiarity with the circumstances present in his developmental years. Some of these circumstances would be the presence or absence of either or both parents at any given time, their age and state of health, the presence or absence of step-parents or foster parents or adoptive parents, orphanage experience, the individual's position in the family group—whether oldest or youngest, or the middle one, or the first boy or the first girl, or an only child, or one of many children, the first grandchild, or the first grandson or granddaughter, a twin, or one born after the death of another child, or after the death of a parent. Most of all, no such factual detail is important except in relationship to the attitudes of the people involved.

The economic status of the family may be important. It may mean inadequate food, being "on relief," being born in time to incorporate the great depression of the 30's as a part of experience; it may mean poor nutrition or unsanitary living conditions or inadequate medical assistance; it may mean living in an atmosphere of anxiety and tension or living with relatives or living with a feeling of marked discrepancy between oneself and the other families in the neighborhood or other relatives. If the discrepancy is in the direction of having more than one's associates, it is important as an isolating factor or a factor for hostility. It is hard to develop comparable standards with those of others when for any reason one is "different." Again, whereas the economic status may be important in and of itself, the facts are not nearly as important as the attitudes toward these facts.

The stability of the home is another important factor. Frequent moves from one house to another, from one neighborhood to another, or from one school to another often have repercussions on character



development. The stability of the family group is even more important, for it is this constellation which has more weight in forming psychological structure than any other one factor. Where these people are constantly changing, it becomes difficult to get a firm orientation toward society. Here we see the situation involving the working mother and the consequent frequent shifting and changing of mother substitutes. Illness of parents, with long periods in hospital or in bed, and especially death or departure of important members of the family are highly important factors. Often associated with these are placement with relatives or in foster homes or institutions or new people taking over roles which formerly had been carried out by others. To adults such changes may have little over-all significance, but to growing children they are of paramount importance not only in the security-insecurity factor but in the inevitable confusion with regard to assumptions and values. If these disturbances were fully appreciated there might be more patience with family tensions and less frequent recourse to divorce courts.

In the beginning it is the immediate family that customarily plays the major role. Later, people in the neighborhood or more distant relatives who maintain contact are included. Then comes the total school experience and the impact of whatever group or persons with which the individual tries to identify himself. It may be the Sunday School, the church, Scouts, neighborhood clubs or gangs, or the people who parade before him through the radio, comics, television, books, or newspapers who will dominate and become significant and thus will help to determine the nature of the psychological structure which will be built.

In large measure the earliest significant person gives permission for establishment of the next significant person, and this one in turn establishes the next one. These spread out like a fan, but the link to the original ones is there. Mother's attitudes toward all the world of which she is a part give the cue for the attitudes of the child and help to determine who shall be permitted to have some role in shaping the psyche of her child.

The closer and the more intimate and trusting are the relationships in childhood, the more likely will it be that the individual's later behavior will reflect this empathy and sense of belongingness. Those who do not experience the sharing of thoughts, feelings, and activities early have difficulty doing so later.

Increasingly, the emphasis is shifted away from physical and physiologic details to the people that surround one. Illnesses or accidents may come later and will play their part, but they do not have the importance then that they do when they come earlier. When they come later, the person reacts to them with the psychologic structure or assumptions he has already developed; when they are present from birth or very early life, the child has to make use of these same disabilities in structuring his psychologic self. Rarely are the illnesses per se as important in the structuring process as the attitudes of the significant people toward them.

Whatever be the forces operating to produce specific character traits in any individual, it is clear that they arise not as innate, predetermined traits derived from the germ plasm but through the interaction of the child's physical equipment with the demands and pressures of the interpersonal environment toward the goal of survival. The basis of a trait is an assumption gained from experience, and each assumption lies ready to be put into operation whenever the occasion is sensed to call for it.

Behavior is the outward manifestation of the interrelation of the physiologic and the psychologic processes of any given individual with reference to his sensed environment at any given moment. Behavior is intelligible and it is purposeful. It is also in considerable measure predictable.

There has been much attention given to parent-child relations for many years, for these have been seen as the factors which molded the personality of the child and determined his future ability to adapt to life situations or to succumb to them in some form of psychiatric illness. Books, lectures, and magazine articles have deluged the public with all manner of good advice and admonition. Despite all this assist-

ance, children and adults alike continue to have their problems even among the most well read and informed families. It is possible that all the advice as to what to do and what not to do has helped primarily to make literate parents self conscious, unsure, or artificial in relation to their children. It must necessarily be a source of confusion when experts differ, or when one point of view is vehemently espoused in one decade and discarded in the next.

It is likely that it makes less difference what parents do in relation to their children than that they do it with an inner sureness and calm. With their own doubts or with their highly charged attitudes will come trouble. Parents may do literally almost anything to their children—flatten their heads, dilate their nostrils, elongate their ears, prevent their feet from growing, feed them poorly, clothe them miserably or not at all, work them hard, deprive them of play time, or load them with responsibility. They may make them live with dozens of relatives or give them many “mothers” and, in fact, do everything the experts frown on, and still the children may develop healthy, well adjusted personalities having little or no hostile, destructive drive to turn upon themselves or others.

On the other hand, parents may carefully and meticulously follow the latest opinions, provide amply for their physical, “spiritual,” intellectual, and social needs, and still the children may turn out to be a problem to themselves and to society. Obviously, the answer is not so simple.

It seems apparent that the emphasis on the role of the parents in determining psychological development devalues the role of the child himself and the growth process which he embodies. The parent becomes too important and the growth process is forgotten. There has been extensive verbalization concerning the life drive and the sex drive and the “death drive,” but relatively little of a drive that seems to be of tremendous importance in the life history of all people, namely, the drive to develop and to fulfill ourselves—to mature.

If there were more faith in the power of this self fulfilling drive, parents might be able to relax a little more, and in so doing they would

probably become more like the ideal parents they now strive to be because they would be freed from a burden and responsibility that they now more or less unrealistically bear. They would also foster a greater sense of security in their children by reason of their own faith in the processes of nature and of life (some people call it God) and by reason of the children sensing that they are in the hands and care of people who are not so anxious and troubled and who have faith in their present and future state.

If parents can accept themselves and their human frailties, including the evanescence of life, with equanimity, they may possibly be in a better state to accept their children in the same way. If they can pass some of the weight of responsibility for the children on to natural processes and recognize that if they fail in this or that respect the whole edifice will not come tumbling down about their heads, there will be less anxiety and less tension, and less need for defense mechanisms. There will be more faith in oneself for both old and young, and a confidence in one's own destiny.

Children lose their way because their parents have lost their way. A parent cannot reasonably expect to steer his child into a way of life that is emotionally healthy when he, himself, is busy hiding from life or has built up defenses which keep him from perceiving accurately or from having all the variegated feelings which are part and parcel of living fully. If parents are afraid of living and afraid of dying, one can hardly wonder that the children are somewhat maladjusted too. It is better for the parent to be healthy emotionally than to try to guide the child into mental health.

## CHAPTER 4

### Value Judgments and the Psyche

WITHOUT a concept of the psyche (perhaps Freud's major contribution to the study of behavior), there seems to be no working frame of reference to apply to behavior. Sullivan, while not using the term "psyche," has presented the "self-system" as the basis of interpersonal behavior. This concept has much in common with the one presented here. This "self-system" developed by man "provides a sense of I-ness through avoidance of anxiety in an interpersonal world;" it is also "the personification of self." "To be without a self-system is beyond imagination."

The psyche of any person is regarded here as his very essence or soul—that which causes him to be and to function as himself. In the earliest stages of development of any person there is no sense of "I-ness." It takes time for a baby to get hold of the I-Me-My concept, but once it has developed it is henceforth a permanent characteristic or attribute and is regarded by the person as his real self. It is, in essence, whatever he identifies himself with; it is whatever he regards as identical with himself—his self image or his personal identity, or his soul.

No person loses his sense of identity by losing some part of his body. A person may be badly mutilated without bringing any doubts of personal identity. Many men returned home from war service looking much as they had looked formerly, but their intimates said of them, "My, how he has changed!" The change to which they were referring was some attribute over and beyond the physical person which was deemed to be "the real person."

*The psyche of any person is that body of assumptions, which he has accumulated as a result of his life experiences, which relate to his own conduct and to the conduct of other people in their various inter-relationships at any given moment of time.* It is out of this body of accumulated assumptions that his behavior as well as his feelings arise. No person can be conceived of except in his relationships to others.

A child's attitudes toward himself and toward other people—his assumptions about both—begin to develop almost immediately after birth or at least as soon as his neurological equipment makes him capable of integration and concept formation. His assumptions are the resultant of many factors, none of which is under the voluntary or conscious control of the child. Therefore, any assumption a person may have is not his by choice but develops as a natural consequence of things having been as they were.

Most people, their protestations to the contrary, seem to feel smugly self satisfied with their particular character traits or their assumptions put into action,—as though they had shown great wisdom and perspicacity in picking them out. On the other hand, it is common for people to make complaints and derogatory statements about themselves. When people complain about themselves there are usually only three situations which may be present. The first is that the occasion of the complaint is regarded as physical and consequently something outside their real selves, which would not involve them in any degree of blame or censure. The second is that whereas they make a disparaging statement about some character trait and therefore about their real self, they know at the same time that they possess intact another trait, even more highly valued, which “makes up” for the defect they admit or proclaim. Third, the defect is occasioned or brought on by the defect of another person and therefore is pardonable or “justified.” In each instance there is obviously a need to maintain one's self respect.

### **Assumptions and Rationalizations**

A person may complain about his personality but believe it is faulty by reason of heredity or some endocrine gland dysfunction (such as

associated with the menstrual cycle or the menopause) and therefore is not to be regarded as a defect of character or of his essential self. Another may admit freely that he is a liar or a thief and regard these as defects of character, but at the same moment that he proclaims his defect he is congratulating himself that at least he is no hypocrite, a trait which, obviously, is of higher value to him than the two which he bemoans.

A woman complained of her general inadequacy as well as of her skin, which frequently broke out in rough, itchy blotches. She regarded herself as quite intelligent, but she was unhappy about never having had a job which was either interesting or satisfying. By accident, a situation arose in which she might have moved into exactly the kind of position she had dreamed about—interest, status, responsibility, development, use of all her excellent capacities. Getting it would, however, involve competition, some planning, scheming, and asserting herself in her own behalf. Instead of doing any of these things, she became depressed. Then she grew quiet and withdrawn; then her skin developed blotches, she caught a severe cold, and because she felt tired she decided she needed a vacation and stayed home from the job.

When asked why she had not behaved in a more aggressive and calculating fashion she was horrified at the suggestion. She would not be caught aggressively trying to get what she wanted. No, she would rather seem inadequate and retain her smugness. What she secretly hoped for was that the one who made the selection for the new position would recognize her superior worth and merit and voluntarily reward her with the job. To go out for it aggressively would have been reprehensible.

Every one has a hierarchy of traits of character. Some he values most highly, some a little less, others still less, on down the line until there are finally many patterns of behavior which have no sensed value at all and are merely habits which can be changed or challenged without special sense of emotional stress.

The same kind of situation exists with regard to the physical body, wherein no two organs are regarded with the same degree of esteem or given the same value. It is easy to recognize that an arm is worth more

than an adenoid and the heart is worth more than a gall bladder. A lung is worth more than an appendix and an eye is worth more than a tooth. Except where an emotional or a psychological value is assigned on the basis of its interpersonal value, as for example the skin, the teeth, or the hair, the value assigned to each part is in direct relation to the role the part is conceived to have in assuring physical survival.

### Trait Hierarchy

Let us examine a sampling of assumptions or attitudes which are revealing of the hierarchal conception of traits in common usage. This will also clarify why the hierarchal factor tends to eliminate conflict in so much of our living experience, and how the moral judgmental factor pervades every detail of living.

I may not have the imagination some people have with regard to decorating my home, but *at least* my home is tidy.

I may not give much time to my family, but *at least* I am constantly working to provide security for them.

I may not be an A-student, but *at least* I don't cheat.

I may not provide too well for my family, but *at least* I don't step out on my wife.

I may not wear the latest styles, but *at least* I own what I wear.

I may be difficult to get along with at home, but *at least* I don't blab about family affairs to strangers.

I may waste time, but *at least* I can get things done fast.

I may be inept, but *at least* I am honest.

I may steal, but *at least* everything I get goes to my family.

I may not be using good judgment, but *at least* I am keeping my word.

I may not be perfect, but *at least* I do the best I can.

I may have a quick temper, but *at least* I don't hold a grudge.

I may not be a success, but *at least* I have no enemies.

In the psyche the hierarchy is determined by the experience of gradations of security and the role the trait was sensed to have in the achievement of freedom from tension and therefore from insecurity. The more necessary to survival a trait was sensed to be, the more highly it



is valued or tenaciously held. We see that traits and values are intimately related, as are traits and sensed survival.

Whereas the Freudian theory of behavior has placed sexuality at the center or determining core, the author sees *survival* or self preservation as the focus or goal of all behavior. To be sure, sexuality is an aspect of survival, i.e., racial survival, but the emphasis needs to be kept not on sex, but on survival. Humans, being part of the consistent pattern of life, will have a central core which is comparable in all.

We now define the psyche as a defense or adaptive mechanism acquired after birth through the interaction of a person's physical equipment with the demands of the society in which he found himself. It is geared toward survival of the person in the particular interpersonal milieu which existed while he was helpless. The foundation for its development is the individual's dependency, and its goal is the reduction of an immediate tension state which is felt or interpreted by the organism to be dangerous.

A man complained because he was not being successful in his business. He said that he "goofed off" on his job day after day. Later it was learned that he could never permit himself to "take five" from time to time. Rather than do that, he left the job completely. It was finally learned that father, now long dead, had something to do with it; but not until he unearthed father's strict admonition, through the years that he knew him, "not to speak ill of the dead," could he really understand that it was father's demands for incessant work that he was fighting. He could not look at this because his value system also included father's admonition which now included father. It was no wonder he could not make the necessary connection between his feeling of rage and his blocking on work.

A woman had developed severe anxiety symptoms after her doctor told her that the symptoms of which she complained were not on an organic basis but were purely mental. She was most uncomfortable, and everything she did seemed to conspire to make her even more so: everything she read, every newspaper, every magazine, every radio or TV program carried something about mental illness—nervous breakdowns, cracking up, psychosis, psychoneurosis, neurotic—and every time such a word came to her

attention the anxiety increased. Obviously, it violated her security—her value system—to have any such terms mentioned. She had never noticed these words before. It would be hard to find any one living in our day who was as completely in ignorance of all things psychiatric as this woman.

The basis of this necessity was not clear until she tried to pin mother down about some details concerning her early life. Among other things, she wanted to know about what happened to grandma. Mother tried to put her off and squirm out of answering her questions, but finally, with great reluctance, she told how grandma had once been “put away” and how for nine years none of her family had gone near her. It was “a stranger” who came and insisted that the family take her out of the mental hospital. It is not strange that the subject of mental illness was fraught with so much fear, guilt, and anxiety that the very word was terrifying. Her value system had to include the attitudes which mother had about mental illness.

A young man was experiencing a great deal of anxiety which he somehow felt was related to his mother, who had been dead a few years. He thought it must relate to his guilt over not having been good enough to her. There were elements in his story which were strongly suggestive that his anxiety related to some resentments which he could not face, so he was pressed to see whether he could possibly have had any hostile feelings toward his mother. He felt sure he had only pity for her.

It was suggested that when a child is burdened with a mother whom he must pity or feel sorry for, there must of necessity be some hate too, for such a parent cannot be a mothering person and cannot give protection but instead demands it from the child. His response to this was to insist vehemently that he could not possibly have hated his mother, for “then I would have been all alone.” Obviously, his value system precluded any hostile feelings toward his mother, even though he had them, because to have had them would have taken away even such little security as he had. From there it had spread to the necessity, if he felt any dependency on someone, not to see that person clearly or recognize his own feelings clearly.

The basis of important or life preserving or “survival” traits tends to be obscure to the person, but one may be sure that whenever a person feels deeply about something or some way of behaving, it relates to security operations in a former state of dependency. The valued traits

were devices for achieving relative security in an otherwise insecure situation. They gave the person the feeling that survival was associated with them.

### **Survival Traits versus Reality Testing**

The early years are one long learning process of discovering what to do and what not to do with reference to people in all possible and conceivable roles. "Reality testing," or discovering by experience the nature and the methods of operation of the physical world, enters in—more in some families than in others—but the thing that is being tested is the reaction of the significant person to whatever he does. The child discovers, often more by accident than by design, what relation each detail of his behavior in his reality testing has to accentuating or relieving the tension states of the significant people. Not infrequently the very experiments with reality which would help to make a better developed person are prohibited by the parent, who cannot tolerate the tensions which such testing and experimentation would initiate. For such a person, reality testing is bad.

It is not necessary that the child himself should be involved in all the interpersonal situations about which he comes to have assumptions. It is only necessary that he experience the attitudes of his significant people and that he sense what they believe or what causes them to have tension and what causes them to "feel good." He learns from his primary significant people which people he shall regard as authorities and which ones he shall disregard. In this manner, the significant person becomes expanded. He learns a hierarchy of values to the point where he knows what one may do, what one ought to do or should do, and what one must do, under all types of circumstances and in all manner of roles. He also learns the converse—what one in any role may not, should not, and must not do.

It must not be assumed that the child is in process of learning to be altruistic or that he is primarily concerned with his mother's peace of mind. This is merely the means to an end, the end that he, himself, will be maximally comfortable. Some children learn that mother's disturbed

reactions are not dangerous and that her bark is worse than her bite. Her naggings are evidence of a kind of love and intimacy that is acceptable and comforting, for they make him feel secure in the knowledge of being important and significant to her; she does not behave that way to strangers.

Parent-child relations entail constantly shifting and changing tensions in the parent and in the child—each one being dependent on the other in order to feel comfortable. If there be no reciprocal tension set up in the other person it is reasonable to assume that they are not mutually significant.

Whether or not the child, or later the adult, follows the demands of the significant person, he ordinarily accepts the value judgments of that person. He may consider himself bad or naughty or rebellious, but these feelings, like guilt, do not represent any disparity between his and their values. So long as he labels himself and his behavior in such terms, he is tied to the value judgments of his significant person. Only when he is free of such feelings is he free of his dependency on the significant person.

If, however, he has learned through experience that his significant person is his enemy, that accepting his or her value judgment brings only greater insecurity, then he may not identify with that person's assumptions but may develop a value system based on his own independent determinations, or he may develop a negative identification with the significant person and place value on whatever he senses to be opposite or contrary to the values of the significant person. A more common occurrence is that he swings back and forth between acceptance and rejection of the value system, a pattern known as ambivalence.

The endless variety of sociocultural assumptions established through the reciprocal tensions set up among people become the individual characteristics or details of the psychic structure of the individual. Dependency feelings set the stage, and interpersonal relations are the basis of their development. The value placed on any psychic trait is a moral value as opposed to an objective, critical value or judgment. The relationship to the feelings of the significant people is lost sight of and

the value is dissociated from such basis of reality and comes to be related only to an abstract concept of right and wrong.

### **Assumptions in Interpersonal Frameworks**

The details of a psychic structure include assumptions both about actions, which may be called primary, and reactions, which may be called secondary. They include the behavior of people in all manner of roles *and* the responses to that behavior. Thus, the assumptions always include the self and the other person in a two-party situation in which one is the actor and the other the reactor.

The assumptions of the psyche are the preliminary training for living in society. Acceptance of the value judgments of the significant person provides the best kind of guarantee that the actions of the child will be in accord with the established patterns of that society, since his value system will of necessity be related to the mores of the culture in which he lives. If it were not so he could not possibly live in that culture, for it would be uncomfortable or even dangerous if one did not accept the "rightness" of the majority of the mores.

Thus the psyche, while it is primarily an adaptive device for achieving self maintenance in the immediate interpersonal milieu in which one is nurtured, is also a mechanism to assist in survival in the broader culture in which one lives. The more closely the significant person's assumptions correspond with those of the society in which he will live, the more will the structured psyche assist in survival when he leaves the "nest."

A person's felt needs are intimately related to his value system, for he feels a need to do and to have others do things in accordance with his value system. To have a felt need is equivalent to regarding the needed detail as important. If something is felt to be important, it involves his value system. Thus, the felt need of the mother to have her child develop according to a conceptual pattern is to say that her value system, her psychic structure, is the active determiner of the psychic structure of her child. Her felt need to dominate may promote dependency in the child, or rebelliousness or some form of evasion or

escape. Her need to have things "perfect" might promote meticulousness, or a sense of inadequacy, or evasion of responsibility. Her need to be the center of attention might promote a feeling of being of little consequence, or attention-getting behavior.

It is curious that in the midst of a culture that worships strength, adequacy and independence, a person may develop inadequacy and dependency traits and feel satisfied with himself, provided such dependency and inadequacy make his significant people more comfortable. If the significant person, on the other hand, could tolerate only strength, competence, and adequacy in his children, these traits would tend to be structuralized wherever possible, but more important these traits would be regarded as morally right and correct.

At any level, in any person, the self evaluations are in a moralistic sense to a high degree favorable. This does not mean favorable in the eyes of one's neighbor or of the law or of the larger society or culture but in one's own, and these are the eyes which count or have weight for they look with the same eyes as did the significant person or people.

A man was telling about himself and some of his problems. He mentioned his wife, saying that she was a very strange person, indeed. When asked how she was strange, he answered with complete sobriety and sincerity, "Why, she's different from me."

Since the assumptions of people determine their behavior, and their assumptions are one with their value judgments, it is obvious that in order to understand a person's psyche one must understand his value system or his private moral code, i.e., his private religion. This point of view is validated in the study both of people with comfortable, average behavior and of people having recognized psychiatric disturbances.

### **Omnipotent Authority**

In our culture, as the child gets older the parents or others in a position of authority commonly shift the emphasis from their own disturbed feelings to the feelings of God, and whatever pleases or relieves their tensions is presented to the child as having similar effects of the feelings of God, who is portrayed in anthropomorphic

terms. Keeping the parent (or God) happy will not only bring safety and security for the child in his mortal state, but will also have implications with respect to what happens to his soul. Obviously, there are implications for immortality (perpetual survival) in this procedure.

The demanded traits would be valued not only because they increase the child's sense of security in his immediate interpersonal world but because they are "right" with respect to the demands of Deity, who determines survival in the hereafter. "Doing right," i.e., keeping the significant person maximally free from tension, would thus seem to be the basic force in promoting psychic structuralization. It is also apparent that keeping the parent or other significant person free from tension is commonly presented as equivalent to pleasing God. In some individuals, "pleasing God" (anthropomorphic) takes the place of pleasing some terrestrial significant person because they do not feel helpless or dependent with reference to a tangible person or because the tangible person is impossible to please.

To "do what is right," whether it be to believe as the significant person would have one believe or to behave in a prescribed fashion according to one's moral code or his value system, is to preserve one's psychic structure intact or to "save one's soul." It would seem that psyche and soul are, as the dictionary indicates, synonymous, Otto Rank, proceeding along an entirely different course of inquiry, arrived at the same conclusion. The psyche and the soul are identical, and they are both devices for achieving survival.

It is not strange, therefore, that psychiatric illnesses are illnesses of the soul. Perhaps one of the reasons so little is clearly known concerning the psyche and psychiatric illness is that there is considerable hesitancy about study of something which is generally regarded as sacred. Attitudes concerning what is right and what is wrong are generally regarded as sacred—untouchable. Since study of the psyche will inevitably lead one to a study of moral values and concepts of right and wrong, one is treading on dangerous ground when one attempts to fathom the psyche. However, the understanding of the basis of moral judgment determination is tantamount to the under-

standing of behavior, both in its healthy and its sick aspects. We are, it would seem, in approximately the same position with regard to psychiatric Medicine as was Vesalius (1514-1564) in his time to physical Medicine. He had the prejudices of his time (the sacredness of the human body) to contend with and to block his search for "truth." Today we have comparable prejudices in regard to the sacredness of the human soul to contend with and to block our search for truth, or at least for what is more true.

Whether one might study "the anatomy of the psyche" as one studies the anatomy of the body is speculative. It should be possible to classify assumptions, with their moral connotations and consequent attitudes, in relation to an individual's conceived sources of survival and his conceived relationship to these sources of survival. If the "proper" relationship to any conceived source of survival did not exist, the result would be danger of destruction either in the here and now or in immortal existence. Such threat must be similar to the sensed threat of catastrophe which young children experience when they are "lost" from their parents or when they feel emotionally separated from them. It is also the same kind of threat felt by an individual who loses his sense of personal identity or whose self image is shattered.

There is no detail of life which is too trivial to be the focus of an attitude which is impregnated with moral judgment. Whether one works or rests, when one eats or how one dresses, when one laughs or how one behaves in any and all circumstances of living are associated with moral judgmental values—with a sense of rightness or wrongness. These values make life go on smoothly and almost automatically. One scarcely needs to think what to do because the behavior follows the attitudes or the value judgments as a matter of course.

### **Value Judgments in the Structuralization of Psyche**

Since whatever attitudes (moral value judgments) one has are directed toward people and people are invariably identified with roles,



we can approach a classification of assumptions through a schema of role identification. For every role there will be acceptable and non-acceptable actions and reactions, depending on one's conceived sources of survival—the supernatural; the natural, self evident, or understandable; oneself; other people; and institutions.

Whereas it may not be apparent immediately that a moral judgment is associated with each and every identification, it is necessary only to recall that whereas a judgment seems to be lacking with respect to one person, there will be a hundred other people who will supply it. Likewise, a lack of moral judgment *against* is equivalent to a judgment *for*. "Whoever is not for us is against us." A person behaving out of character or out of role (according to our assumptions) will promptly be the recipient of moral-judgment-against. Every time there is a feeling of contempt, or every time there is a feeling of pride or of admiration, or of smugness, moral judgment is a part of the feeling. Let us look at the more common role identifications:

1. *Sexual identification* (male, female, etc.).
2. *Age group identification* (old people, children, babies, people in prime of life, middle aged people, etc.).
3. *Family relationship identification* (ancestors, descendents, father, mother, husband, wife, sister, child, oldest son, in-laws, step parents, relatives, baby of the family, etc.).
4. *Geographical identification* (neighbors, Southerners, New Englanders, Texans, city people, country people, suburbanites, slum dwellers, strangers, etc.).
5. *Racial identification* (Oriental, Semite, Aryan, White man, half-breed, Indian, etc.).
6. *Nationality identification* (American, Canadian, French-Canadian, Scandinavian, Latin, Russian, etc.).
7. *Religious identification* (Protestant, Catholic, Free Thinker, orthodox, unorthodox, Pantheist, Buddhist, Mormon, pagan, believer, unbeliever, Gentile, sinner, atheist, etc.).
8. *Economic identification* (poor people, rich people, marginal income people, people with inherited wealth, home owners, people on relief, misers, millionaires, paupers, spendthrifts, etc.).

9. *Activity identification* (workers, parasites, professional people, gossips, nuns, students, movie people, gamblers, servants, politicians, soldiers, prostitutes, farmers, traveling salesmen, hypnotists, scientists, dilettantes, experts, etc.).

10. *Intellectual identification* (stupid people, brilliant people, college graduates, illiterate people, fools, skeptics, gullible people, self educated people, thinking people, informed people, clever people, creative people, etc.).

11. *Physical state identification* (giants, dwarfs, healthy people, sick people, frail people, muscular people, poorly developed people, fat people, deformed people, blind people, handicapped people, tired people, dead people, pregnant people, nursing mothers, handsome people, voluptuous people, over sexed people, hairy people, bald people, thin-lipped people, malingerers, hypochondriacs, etc.).

12. *Status or power identification* (bosses, underdogs, capitalists, inadequate people, victors, vanquished, leaders, followers, people in a position of advantage or disadvantage, dependent people, bullies, high-powered salesmen, independent people, rivals, rugged individualists, self-made men, Mr. Milquetoast, successful people, legal authorities, panty-waists, etc.).

13. *Socio-cultural identification* (upper class, middle class, lower class, condemned criminals, married people, divorced people, homosexuals, in-group, out-group, minority group, pioneers, polygamists, the guilty, the innocent, blue bloods, bastards, natives, patriots, sex perverts, smokers, non-smokers, vegetarians, alcoholics, insane people, etc.).

14. *Emotional status identification* (lazy people, lovers, changeable people, buck passers, stool pigeons, lonely people, masochistic people, sadistic people, procrastinators, altruistic people, contented people, smug people, frigid people, seductive people, perfectionistic people, discontented people, philanderers, aggressive people, rationalizers, self indulgent people, disloyal people, cowards, oversexed people, people who admit they are wrong, practical people, honest people, responsible people, sentimentalists, sensitive people, realists, idealists, compassionate people, harsh people, etc.).

15. *Aesthetic status identification* (gauche people, polite people, filthy people, unmannered people, people with poor taste, fastidious people, artistic people, clumsy people, fashionable people, crude people, imaginative people, etc.).

16. *Political identification* (conservatives, liberals, left wingers, Fascists, Communists, Old Guards, Marxists, New Dealers, etc.).

The psyche is always concerned with the interpersonal situation, with the actor and the reactor, and the assumptions of each person relate to the roles of both, for at one moment one is the actor and the next he may be the reactor. What goes on between people is largely carried out through the medium of roles (identifications)—the teacher—the taught, the priest—the parishoner, the parent—the child; the case worker—the client; the doctor—the patient, the citizen—the neighbors, etc. The behavior of any person is predicated on the role which he unconsciously (or consciously) assumes for that moment of time, which in turn is related to his conceived source or sources of survival.

While each character trait is rooted in an assumption, the bases for the assumptions and consequent attitudes are largely outside of conscious awareness. The material not only is outside of conscious awareness in the sense that it is not in the foreground of one's thought processes, but it is not readily available to scrutiny or even to the perception that it is there. Contrary to Freudian theory, which postulates that the "unconscious" is the storehouse of traumatic, painful, or nonacceptable feelings and experiences (such as might be expected to be associated with sex and hostility in our culture), the author sees "the unconscious" as that portion of one's accumulated experience (brain recorded) which, by reason of not being organized or categorized with word symbols, is not readily accessible to higher intellectual scrutiny.

### **The Need for Verbalization and Conceptualization**

Because children are born with no language facility and, indeed, have vast quantities of experience before they ever arrive at any appreciable capacity for word symbol representation, it is no wonder that assumptions and attitudes—thus both the traits themselves and the bases for their formation—are developed and established on an unconscious level. Relatively little that anyone experiences throughout his life is dealt with in terms of words. This means not only spoken

words but conceptualized words as well. We have experiences without thinking about the experiences, and when this takes place we are storing material in our unconscious.

The things we take for granted—our assumptions, beliefs, and attitudes—all have their roots in what we call our unconscious, the unlabeled experiences of childhood or later life. Each person who wishes to become acquainted with himself must go through the process of making what is unconscious conscious, i.e., of bringing the past experience into the realm of words, spoken or conceived. This is the reason the field of Psychiatry is so dependent on the use of words. There is little in the behavior of any individual which is completely conscious or even rational—determined by his higher cortical faculties. Even when he “thinks things out” the bulk of the factors with which he is operating are unconscious assumptions.

Robert was always having what he called “funny notions” which worried him and made him wonder if he wasn’t “cracked.” In the midst of carefree play with his children he would suddenly wonder why he should be enjoying himself that way. While he was having quite satisfying sex relations with his wife he would start wondering why he was not having homosexual relations or whether he might not be a criminal at heart.

To understand this phenomenon, one would have to go back to his past. He was raised in an orphanage from the time he was a baby, and there were two distinctly different sets of significant people for him: (1) the teachers, housemothers and fathers—the adults; and (2) the other boys. It was easy to get lost, as far as the adults were concerned, unless one were “different” or outstanding in some way. At the same time it was extremely dangerous to follow the demands of these same adults and be outstandingly “good,” because he had to live with the boys twenty-four hours of the day, and they would have made life thoroughly wretched for him had he been a “teacher’s pet.” Besides, teachers came and went but the boys stayed on for years. Therefore some compromise was essential if he would survive without too much pain. He schooled himself to be “different” in the sense of being a “bad boy,” so that he would get plenty of attention short of severe punishment from the adults and run no risk of retaliation from his peers.

Later, when he caught himself behaving like other people or enjoying what adult people seemed to regard as right and proper, there would come over him a sudden flash of anxiety, and his mind would race toward "security," i.e., that which he had learned to consider different and bad or nonacceptable. We may say that it was not a tendency to be a "bad character" against which he was struggling but his fear of being a "good" one.

The only thing that was in his conscious awareness was the "funny notion" of which he complained. Everything else was unconscious because none of it had been labeled or otherwise been put into verbal symbols while he was having the experiences which led to his basic assumptions.

Getting an experience integrated with the proper verbal symbols constitutes the process of bringing it into conscious awareness. This process is necessary if one wishes to understand the mechanisms or the dynamics of his behavior and his character traits. The psyche is largely unconscious, but still it is the determiner of behavior. One might think that it was reality that determined behavior, or perhaps one's instincts or one's physical capacities and limitations, but this is not factual, for it is one's assumptions or one's attitudes in relation to each of these factors which have the final word. The self image is more potent than the real self, and the psyche holds the deciding vote.

The psyche, the sum total of man's beliefs about himself and other people together with their interrelationships, is the aspect of a person with which he identifies himself. It is in considerable measure at variance with realistic considerations, both as regards the true or essential person and as regards realistic behavior. To find oneself—his true capacities and his true feelings—is a major undertaking.

## CHAPTER 5

### Virtues and Entitlements, or Functional Behavior

THE psyche is the accumulated assumptions which any person has which pertain to interpersonal functioning, and, since man functions in an interpersonal framework, the psyche and its operation relate to all behavior. Each psychic trait, each assumption, was structuralized to provide greater security, and, once it is structuralized or established, it functions as a part of the whole psychic structure to make a total operating unit. In the body the total physical person functions as a unit but each detail of the body, each minute organ or part, has its own specific function to perform or its job to do, and the function of any part is the same for every person. However, a psychic trait in one person may imply a function that a similar trait in another person will not imply.

#### The Uniqueness of Function

*In studying one person we cannot arrive at a conclusion which is valid for the next person.* The psyches of people are different because the factors present for their development are different. Whatever trait is structuralized will be in relation to the specific interpersonal results that are to be achieved. In one person passivity will call for care and solicitude, while in another person it would occasion neglect or destruction.

Any psychic trait has to be understood in the light of its meaningfulness to the individual and not by the measuring stick supplied by understanding such a trait in another person. The meaning of any

trait is supplied by understanding the functional result which is to be obtained through use of the trait with reference to any given person. Thus, every assumption pertaining to interpersonal relations has two aspects. One concerns the actor and the other concerns the reactor. Whatever a person does by reason of the assumption he holds will be expected to have some effect on the behavior of another person, and the nature of the expectation he holds will be determined by his past experiences, chiefly those of his dependency period.

Because the function to be performed by putting any given trait into action is provided by another person—the reactor—rather than by the actor, there may be wide discrepancies between what the actor anticipates and what the reactor does. Herein lies the greatest source of interpersonal maladjustment and conflict. When a person has structuralized the assumption that passivity brings forth the protectiveness of the other person, while the reactor has structuralized the assumption that passivity calls for neglect or by-passing the person, feelings are likely to be disturbed.

It is not always easy to determine whether a person is behaving as the actor or the reactor. A reaction may be in effect another action to which the original actor responds with a reaction. The cause produces an effect, and the effect becomes another cause, which continues ad infinitum. Another way to say "cause and effect" is to say "structure and function." If something operates to produce a result it is properly labeled as a structure which produces a function or functional result.

*Every trait* (assumption in action; psychic structure), like every organ or detail of the body, *has a special and precise function* for any given person. Every trait used implies an expectation of a precise interpersonal response or reaction to be achieved. The trait in action plus the anticipated response are a conceptual unit, and this conceptual unit does not change with the passage of time. It may be likened to the "conditioned reflex." Set in motion one factor and the next follows automatically if one has been so conditioned.

Somewhere, stored in the unconscious, nonverbalized experience of

everyone, is the conceptual unit of structure-function regarding every interpersonal assumption he has structuralized. He probably cannot tell one much about any of his traits, for he may not even be aware he has them, and rarely does he know (in conscious awareness) what function he links with any trait, but it is clear that some part of him knows, for if there be any disturbance in the conceptual unit he is immediately aware of being in a state of disturbed feeling. Whenever a person puts any of his psychic structure (traits) into action he fully and confidently (albeit unconsciously) expects to get the old, familiar response (function) from the outside world that he got in the beginning, when the assumptions were being structuralized.

### Structure-Function Relationship

Such a concept, the specificity of the structure-function conceptual unit, leads to precise thinking with regard to behavior of all types, "normal" as well as pathological. It is the only approach which seems to make behavior and symptomatology alike meaningful. In Medicine it is Anatomy which is the foundation of the study of Physiology; understanding the combination of Anatomy and Physiology provides the foundation for the study of Pathology or disease states, and Pathology, in turn, gives orientation to one's efforts to accomplish cure. This concept of structure-function (Anatomy-Physiology) in relation to the psyche is also basic to understanding the disease states or psychopathology of the individual and provides orientation with respect to treatment.

Since man's traits have been structuralized to achieve security in the interpersonal world, and since moral values have been assigned to them (right-wrong, good-bad), we see that when people carry out any action they are doing "the right thing." Another way of saying this is that people, in their everyday behavior, activating their self image or value system, feel virtuous. Every sensed virtue put into action is accompanied by a sense of entitlement to the specific functional result which is part of his particular conceptual structure-



function unit. If, for example, one "does right by others" there is a sensed entitlement which he feels to have a particular response from others, to wit, "to have these others do right by him." There is no sensed virtue put into action which does not carry with it this implication for the "right" response. People do not behave in a "virtuous" manner without anticipating, or indeed "demanding," a predetermined response. Everyone feels "entitled" at all times.

People living in and identifying themselves with any given culture tend to have in common many assumptions regarding interpersonal relations. They have the same conceptual units of structure-function with regard to many details of behavior. This would necessarily be true or the culture would go to pieces by reason of chaos within. Even casual observation discloses, however, that there are many dissimilarities. One might anticipate this since the true basis for traits and their underlying assumptions is not primarily the broad culture in which one resides, but experiences with the attitudes of the particular significant people with whom each dependent individual lives. The bases for felt entitlements vary from person to person. For many it is strength and adequacy which merit or entitle them to rewards, whereas for countless others it is weakness, inadequacy, incompetence, or other human frailty which entitles them to special privilege or reward.

No detail of behavior in any person is intelligible except as one understands its symbolism—that is, unless one perceives the specific conceptual structure-function assumption held by the person—for only then can one know what particular functional result the person unconsciously anticipates when he puts any of his psychic structure into action. Whoever would understand behavior has to achieve this goal via the route of insight into the specific symbolism used, i.e., given a specific action, what specific functional result is anticipated.

### **Assumptions about Reaction**

Because of the importance of this concept to any understanding of people, let us look at a few specific assumptions with regard to action

(structure) and note some of the possible assumptions concerning reactions (function) which might occur in various people.

*If one cooperates with others:*

They will think he is a sissy.

They will cooperate with him.

They will appreciate him.

They will take advantage of him.

*If one is helpless:*

They will help him.

They will neglect him.

They will not like him.

*If one is nonassertive:*

They will see to it he gets his share.

They will give him nothing.

They will give him the most.

*If one doesn't complain:*

They will pat him on the back.

They will forget he is there.

*If one is thoughtful of others:*

They will love him.

They will take advantage of him.

They will be thoughtful of him.

*If one does what is expected of him:*

They will like him.

They will think he is a sap.

They will give him no trouble.

*If one keeps his mouth shut:*

They will approve of him.

They won't tell on him.

They will punish him for not telling.

*If one minds his own business:*

They will mind theirs.

They will trust him.

They will think he is self centered.

*If one is strong and competent:*

They will give him important status.

They won't like it.

They will not let him have any weaknesses.

They will offer no help.

*If one works hard:*

They will appreciate it.

They will think he is a sucker.

They will not criticize.

*If one shows initiative:*

They will make him do it some other way.

They will help him get ahead.

They will make him the leader.

*If one asks for help:*

They will laugh at him.

They will be glad to help.

They will expect something in return.

*If one is poor:*

They will give it to him for nothing.

They will look down on him.

They will know he is honest.

*If one is honest:*

They will take advantage of him.

They will believe him.

They will be honest in return.

*If one fails:*

They will not give him another chance.

They will laugh at him.

They will do the job for him.

They will let him try again.

*If one means well:*

They will overlook his failings.

Everything will turn out all right.

*If one fights for his rights:*

They will think he is too aggressive.

They will see that he has to.

They will admire him.

They will punish him.

Obviously, the assumptions that a person holds determine his behavior. If he assumes that cooperation with others brings desirable rewards he will cooperate, whereas if he believes that cooperation brings undesirable results he can hardly be expected to cooperate. At the same time that his assumptions will determine his own conduct, they will determine his feelings as a result of his conduct. If he fails to act upon his assumption that cooperation brings good rewards, he will feel guilty for not cooperating; if he does cooperate he will feel virtuous and comfortable. If he cooperates and the response he gets is that "they" take advantage of him and fail to give him good rewards, he will feel resentful because his felt entitlement to appreciation or cooperation in return was denied or frustrated. Whenever people feel resentful, they are the ones who are "the saints," the virtuous ones, and the others, the ones who have failed to give them what they are "entitled" to, are "the sinners."

Freudian theory has emphasized the common use of symbols in behavior, e.g., through "slips of the tongue" speaking the truth or what one really thought or felt but had definitely not intended to say; forgetting something as one is leaving, proclaiming thereby that he really wants to return; forgetting an appointment, indicating thereby that he really did not wish to keep it; dreaming about entering a room, signifying a wish to re-enter the womb, etc.

Such interpretations not only are trite—they are commonly in error. More important, people may be led to believe that only such occasional details of behavior express a symbolic meaning. Actually, *all be-*

*havior is symbolic and can be interpreted or understood only on an individual basis, using the person's own structure-function conceptual unit as the basis for inquiry.*

Let us illustrate what is meant by this individual symbolism. There are many students in a class in medical school; their being there represents a different meaning for each student: (1) His father was a doctor and he is identifying with father; (2) He is competing with an older brother who is studying law; (3) His mother wanted him to be a doctor and acquiescence has always been his pattern; (4) He has always been impressed with the status of the doctor in his community; (5) He has had polio and has developed an interest in things medical through this experience; (6) He is impressed with the needs of suffering humanity and is going to medical school as preparation for becoming a medical missionary; (7) He intends to show the folks he really can amount to something; (8) He believes it promises a fair income, depression or no depression; (9) It takes a long time; and during that time he won't have to think about supporting himself; (10) He has always been curious about female anatomy. Although the overt behavior of each student is the same, we see that each one is carrying out an individual piece of symbolism which is different from that of every other.

A group of women are at a counter buying hats, and again, each one is carrying out her private symbolism; (1) Buying a hat helps get her out of the dumps; (2) Every year at this time one buys a hat; (3) In this way she can get even with her husband who squanders money; (4) It looks more expensive than it is; (5) She has to kill some time; (6) Someone else has a new hat; (7) It flatters her and makes her look younger.

The meaning of any detail of behavior is symbolic rather than apparent. If one wishes to understand any person, he must get beyond the overt or apparent behavior to the motive or the meaning that lies behind it. To be concerned with motivation is merely another way of saying that it is the symbolism that counts or that it is the functional

result which the individual has in mind when he puts some assumption or structure into action.

One woman, through her symbolic language of an habitually bedraggled appearance was saying, "Please notice me; feel sorry for me, and be nice to me because you pity me." It was the language she had learned in childhood. It was a character trait with which she associated the anticipation of reward through a sense of entitlement. Father had taught her through experience with him that when she appeared sufficiently forlorn and bedraggled he found time to give her some affectionate attention that he never gave in other circumstances. A man, through his unkempt appearance, was saying, "Clothes don't matter. I am so worthwhile in myself that I need no props." A woman who looked as though she paid no attention to her appearance was saying, "I abide by mother's belief that it is a sin to primp."

Whether it be paying bills on time or not paying them, being disagreeable or mollifying, making promises and keeping them or not keeping them, each person is speaking a symbolic language through everything he does. He is, in a sense, trying to get a certain given and predetermined result from someone outside himself. He is setting up the stage for an entitlement. Each person's magic formula for getting the desired result is known only to himself. Even as far as he is concerned, what he does and what he expects to achieve thereby is largely out of conscious awareness. It all comes under the category of "things one takes for granted." In a sense, the conceptual unit of structure-function makes of all of us a superstitious lot, for it assumes cause and effect relationships, in perpetuity and in all circumstances, which are often totally unrelated. Perhaps the most fantastic of our assumptions concerns the entitlements we set up in our minds concerning the behavior of God!

If there be anything new or unique in the theoretical formulation which is being unfolded in these chapters it is the concept of the *specificity* of the structure-function relationship as it pertains to the psyche in any given individual. The concept demonstrates the close relationship between people and their interdependence. Man is not

made to be isolated. An isolated person is less than human. In a real sense man and his physical environment cannot be separated. One cannot say with certainty where one begins and the other ends. It is the interaction between the two which produces life. Man needs other people to complete himself and to make him a whole person.

## CHAPTER 6

### **"Clean Skirts" and Self Preservation**

**SELF** preservation is the fundamental drive of life. Everything one does and everything one is ought therefore to be in harmony with or to contribute to this goal. The innumerable ways in which this inherent drive for self preservation manifests itself are too familiar to bear repetition.

It is easy to see how so much of man's total behavior is oriented toward maintaining life and forestalling death, but is there not a vast proportion of every person's behavior which has no relation to self preservation and, in fact, goes contrary to this drive? What about those people who deliberately court death, or those who abandon their own personal safety without a moment's hesitation in behalf of the safety of another? What about mothers and martyrs? What becomes of the rule here?

Is there, as some contend, a suprapersonal force that is even more powerful than the law of self preservation? Or is there, as Freudian theory postulates, a force within man, Thanatos, which drives him on to death and self destruction?

Paradoxical as it seems, man is engaged in no behavior which is not calculated, consciously or unconsciously, to achieve survival (self preservation) and to forestall destruction. Whereas in the beginning a person and his body are synonymous, as time goes on and the psychological self becomes structuralized the person identifies increasingly with his psyche rather than with his body. When this has taken place, the goal, self preservation, is equated with survival of the self with

which he has his major identification, ordinarily his psychological self, and it is this self which he strives to keep intact. He strives to keep his body intact in order to insure maintenance of his psyche.

### **Self Preservation as Psychological Survival**

Once structuralization of the psyche has taken place, when identification with something other than his body has come about and there is the conceptual unit of psychological structure-function, the efforts of the individual are geared toward preservation of this conceptual unit. Psychological survival will then be constantly reaffirmed through everything he does, just as there are the perpetual efforts of the body to maintain life and homeostasis or physical survival. Both for the body and for the psyche, survival or self preservation is a matter of moment by moment adjustment.

There are certain inevitable results of the structuralization of a psychological self, most important of which is that the behavior of any person will be consistent through the years. His assumptions concerning himself and other people have been established, and his behavior, which springs from or is motivated by his assumptions, will therefore be in harmony with these assumptions. The practical result of this fact is that one may count on any person to behave in a consistent or predictable way.

We can count on this person to be compliant and on that person to be contrary. We can count on this person to have forethought or to figure out ways and means to manage under his own steam and on another person to sail along completely oblivious of problems ahead or yelling for help at the first difficulty. We can count on this person to put a sinister interpretation on everything that happens and on another person to believe the best of everybody. We can count on one person giving all he has to any situation he becomes involved with and on another to give only what he believes he is being fully paid for. We can count on one person to give an honest opinion and on another to say what he believes will be acceptable.

We depend on people to be themselves—to be today what they



were yesterday. It is this consistency of behavior or character traits which makes of people entities, the real persons with whom others deal. The person who engages in this repetitive type of behavior often has no idea that he is carrying out a consistent or repetitive pattern, while other people may be well aware of it, sometimes consciously, sometimes without conscious awareness. The consistency arises because these are the traits which are the person and not some other traits. How can a person use a trait he does not have? How can a person act except according to his assumptions?

It might seem shocking to accept that people do not change, but a moment's reflection will show how difficult change is. It does not mean that people never change or that superficial behavior does not change. It means, rather, that the deep, symbolic nature of their behavior does not change except minimally. A person who has the trait, "I do what the significant person expects of me," may change his outward behavior depending on who the significant person is at the moment, but the symbolic meaning of it—the acquiescence of a dependent person to another person—is constant. If changes were so easily made, all that would be necessary to change the world would be to give advice to those who ask for it.

Since character traits are bound up with moral values, to vary from one's established traits is to violate one's moral code, and this cannot be done without experiencing a crippling sense of guilt, with danger not only of retribution here but of punishment in the hereafter. Maintaining one's self-structure intact is merely the moment by moment experience of "keeping one's skirts clean" or being beyond reproach in one's own eyes.

Ellen returned from a vacation trip morose and unhappy. She and her roommate had planned a pleasant experience, but they had taken along another woman who also wanted to take this particular trip even though past experience with her had indicated that she was not used to "roughing it." When they camped out over night, the guest neither helped with the cooking nor helped unload the car. When preferences about staying in a motel or camping out were requested, none was voiced, so Ellen tried

to guess what the guest wanted and then carried this out, even against her own wishes. She received no thanks for anything, but rather a critical statement to the effect that she always had her own way.

It is not hard to see where things went awry; she could not tell the guest she did not want her along; she could not make a definite request that she help unload the car or that she assist with the meals; she could not spend the nights where she herself wanted because she had to try to please the other person. She *had to* behave in the way she did in order to keep from feeling guilt, for to do what she, herself, wanted to do would be selfishness.

One is always dealing with the hierarchy of traits in action. A man may sometimes be willing to suffer some mild guilt as a result of violating an "unimportant" trait, but he will lean heavily upon a more highly valued trait, i.e., one that is assigned a higher moral value in his over-all scheme of values. Every one has his own private code and it never can be completely equated with the private code of another person.

A person will not only behave naturally according to his accustomed patterns, but he will hold tenaciously to these patterns despite great obstacles and great pressures to make him change. No matter how bizarrely or nonsensically any person may be behaving according to another person's appraisal, he is doing the best he can do under the circumstances, which means given the assumptions he holds. A person, therefore, cannot be regarded as having made any real changes unless he has changed the underlying assumptions which are the well-springs of his behavior. It often seems strange that people do not change their assumptions when evidence is staring them in the face concerning the fallacy of their assumptions. Why is it that people do not or cannot see what is there to be seen?

### **The Limits of Perception**

Something comparable to post-hypnotic suggestion takes place with all people daily. Something has happened to them at an earlier time which makes them unable to perceive accurately what others

may know as the real world. They perceive only what they are taught to see or what they permit themselves to see. They perceive only what accords with preconceived patterns of perception or conception—not what is actually there, which they constantly overlook or avoid. Such a defect in perception would assist in explaining why people do not alter their assumptions and why they preserve themselves as they are. Sullivan has given the name "selective inattention" to this phenomenon.

All of us are familiar with having covered the same territory time and again, but not until someone or something specifically calls our attention to certain details do we see them, even though they have been there all the time. Once we become aware, we are amazed to note them at every turn. This applies also to noting behavior patterns or behavior dynamics once one really sees them. To see something may not be the same as having it really register. The one is incorporated by the unconscious; the other is dealt with in conscious awareness. The study of perception may well be considered one of the main routes to an understanding of behavior.

It is not emotional or interpersonal factors alone which influence perception. Perceptions may be disturbed or distorted as a result of one's state of consciousness. Sleep interferes with perception, as does alcohol; so does "association deficit pathology." In this latter type of situation the person seems to be immune or in a state of nonreceptivity to stimuli, or at least he proceeds as though the stimuli had not registered. However, once a stimulus has registered and becomes a sort of dominant idea, then this tends to possess him and his attention, excluding all else until the next stimulus possesses him.

### **Projection**

Another pattern or psychological mechanism commonly used in maintaining the psychic self intact is called "projection." In its gross manifestations projection is characteristic of such markedly pathologic states as paranoid schizophrenia, but in its less bizarre form it is common to all mankind. It would, indeed, be difficult to see how people

could get along in the area of interpersonal relations without this device. It is a crude tool, but it functions.

The simplest form of the projection mechanism is the alibi. The responsibility for one's behavior is projected or placed outside oneself onto something else. The "fault" lies outside oneself. Sometimes the projection is merely to the other part of oneself, his body, as for example when a person forgives himself for unreasonable or non-acceptable behavior because he is tired or because she is going through the menopause. The alcoholic drinks because his wife nags him or because it is too hot or too cold or because something has gone wrong at the office. The cause always lies outside himself. We see how closely linked are projection and rationalization, in which good reasons but not real ones are adduced.

When one assumes that another person is honest because he, himself, is honest, we have the most common form of projection. We assume that we understand another's symbolic behavior through understanding our own, because we assume that what looks alike actually is alike. If a person glares at us we assume he is hostile toward us (even though his glare may have been caused by no hostile feeling) because we know that we glare when we are angry. In other words, we project on to the other person and his behavior the interpretation which would be suitable if we engaged in the same behavior. "Judge not that ye be not [thereby] judged" recognizes the prevalence of this type of projection. The Golden Rule also takes for granted this type of projection for it assumes that the other person can be measured by oneself.

This mechanism is closely related to what is commonly regarded as pathologic or sick projection, wherein one's own but unrecognized feelings and thoughts are interpreted by the person as coming from outside himself rather than being his own products. Here we deal with hallucinatory experiences which often are the fabric of delusions. In this type of projection mechanism all manner of nonacceptable details of thinking, feeling, and behavior are interpreted as coming from the outside. Instead of accepting the fact that he has "evil" thoughts, the

individual regards them as having been put into him by someone outside himself. He is accused by the "voices" of being bad, but he sees it as only the evil that is within the other person who says it. A common expression of this pattern is seen in the person who, doing something "wrong" and being criticized for it, immediately becomes righteously indignant and hostile because he is picked on; it is made to appear that it is the one who sees the error who is the wrong doer rather than himself.

Here it is easy to see how projection operates to achieve self preservation in a psychological sense. Anything and everything that would sully or besmirch the acceptable picture the person has of himself is rejected. If this were not done he would be forced to see himself as less virtuous than he needs to regard himself. The pattern which many people have of belittling others or finding their "faults" is a self-preservative type of behavior. It maintains self esteem or an acceptable self-image. Their own defects are small as they look at the defects of others. The goal is always, whether in the grossly pathologic or the more normal state, to maintain intact the sense of virtue.

### **Limitation of Operation**

One of the common ways in which the psychic structure is maintained (survival; self preservation) is through limitation of one's realm of operation. People tend to do little exploration or experimentation (oftentimes because to do so would be "wrong") and thus to have few experiences which might alter assumptions. They limit opportunities for new perceptions. The old patterns and assumptions are suitable in the familiar groove, and as long as these operate there is no incentive to make changes. Psychotherapy is, in a real sense, an experimentation with new assumptions, and no person is a good candidate for therapy until he is convinced that his old way of looking at things is nonfunctional.

Life itself produces changes in a person's psyche, just as it does in his body. A mother may treat her first child in a different manner from the way she treats her second, and the third one will receive still

different treatment. This is due to a change in values or assumptions. People behave differently to their grandchildren than they did to their children. People may "mellow" with age. Frequently one finds modifications of assumptions as a result of increasing age, accumulation of property, or altered status in the community. Change is possible, and it does occur, but since change involves pain and parting with familiar defenses resistance tends to generate. It was Aeschylus (525-456 B.C.) who said, "Is it necessary, in order to learn, that people must so grievously suffer?"

Strange as it may seem, people also need to sense familiar things around them and have customary feelings in order to maintain their sense of identity. Experiments in which people were cut off from customary sensory stimuli such as touch, sound, and sight produced feelings of loss of "I-ness" in the subjects. Lack of customary responses within a person—as, for example, of interest, or of repulsion, or of affection—may also produce a sense of loss of personal integrity. In other words, people equate their sense of personal identity with their feelings—both sensory and emotional.

### **Techniques for Maintenance of Function**

There is another important aspect of self preservation—maintenance of the function. We are familiar with how consistently people behave in all sorts of major and minor details of their lives, but we do not see so clearly how people maneuver others into giving them the responses that they "want." People get themselves into the same kinds of trouble repeatedly; they are forever loading themselves down with far too much work or undertaking one business venture after another "on a shoestring" and failing time after time. Some repeatedly maneuver themselves into spots where they become "doormats," and others seem to have to be in someone's debt. Whatever role a person plays repetitively indicates that it arises from an inner need to maintain inviolate his self image or his value system.

Implicit in whatever people do is the fact that they are trying not only to preserve their own structures (assumptions concerning action)

intact but also to obtain the same responses or function from others that they have set up conceptually in their own structure-function pattern (assumptions concerning reaction). Because they want the responses that they have become familiar with as a result of their previous experience, people maneuver their interpersonal environment as well as themselves, albeit without conscious awareness that they are doing this. If they can choose people who give the anticipated responses naturally and without effort, so much the better, but if this be out of the question, then it may take some effort to get from the others the responses that make them feel comfortable because familiar or customary.

This unconscious expectation and maneuvering of other people to give the familiar responses is seen clearly in psychotherapy. It is also seen in marriage, in which many of the tensions that arise are a result of this process. If the person can maneuver the other, he relaxes and feels more at home. If he cannot, he feels disturbed. If the maneuvered person finds himself in a new and unfamiliar role, it is he who feels disturbed, sometimes to the point where he feels a loss of personal identity. Much of Freudian theory regarding therapy and cure is involved with this phenomenon, wherein the patient tries to maneuver the doctor into being the old familiar parent to him. To the extent that the doctor is maneuvered, no new experiences and no new growth and insights can take place.

In one marriage there was constant quarreling and bickering. The husband habitually behaved impulsively and without forethought while the wife carried most of the load and nagged him for his "shortcomings." The husband was essentially undisturbed by the criticism and went his merry way, happy and carefree. The wife became more and more uncomfortable, to the point where she was almost frantic. She could hardly bear to think of herself as the "fishwife" she had become, yet despite the fact that she thought of the marriage as a complete failure she could not get a divorce. She felt that to stay in it was complete nonsense and was destroying her health, her peace of mind, and her entire life. Her value system however, would not let her quit what she had started, and also she regarded herself

as a strong person who could take whatever life dealt out.

When things seemed totally hopeless to her, she finally decided to let him alone, to cease trying to make him "behave," to quit being mother to a grown-up, naughty child. The quarreling ceased as if by magic; peace reigned; to her surprise she began to feel more comfortable. However, when her husband could no longer "get a rise out of her," the tables unexpectedly turned and it was the husband who began to be uncomfortable. He complained about the way she was treating him. "What," she asked, "am I doing to you that is so terrible?" "You are leaving me alone. If you would only fight with me," he said, "I would know you still care for me." Nagging and criticizing were what he had been accustomed to in his parental home and were to him the expressions of solicitous care.

### Unconscious Choice

The person who has grown up with the feeling of being an outsider—that people dislike him or would rather not have him around or do not trust him—will usually behave in such a fashion that he produces this response from people outside his family. People not only create or choose the major portion of their interpersonal environment, but they tend to beget the responses which the environment gives them. It is not done with conscious awareness or forethought. The person sees only the response, but he regards it as an action rather than a reaction and does not see how he has participated in bringing it about.

Bill grew up with the assumption that the world of people was hostile and unfriendly. Because he was intelligent and physically well endowed he was able in large measure to depend on himself rather than on others and to maintain his distance from them. However, such contacts as he had served to reinforce his belief in the lack of good will in people. They did not care to associate with him as friends or in a work relation, and they came to him only when they could use him.

He did not see what he did to maneuver them into such rejection. He had many devices which worked to achieve this purpose: He had no time for people who were stupid, i.e., who did not have orderly, logical minds. On any job he put forth so much effort that the activities of others always looked pathetically little and they were always placed in a position



of disadvantage as compared with him. He was well informed on many subjects and had a memory and capacity for recall that was phenomenal, so he was thus always able to correct the statements made by others. He was completely secretive about himself and his personal affairs, with the result that everyone felt the wall he erected between himself and them. Everything he did helped to confirm a consistently rejecting and hostile world, but in the process he avoided the trap of expectations that were bound to be frustrated, for he demanded in fact that everyone recognize him as the exceptional person he saw himself to be. Since people do not care to be bothered with this kind of obeisance, it was inevitable that he would be let down. It was safer to do as he did and to maintain a hostile world than to risk destruction of his grandiose assumptions.

A young serviceman was in one kind of trouble after another. He was an excellent soldier as long as he was on some sort of punishment or probation. During these periods he was a good worker, obedient and affable. Then would come the recommendation for leniency or for promotion or some other evidence of status or grace. Immediately, he would begin to feel uncomfortable and contrive to get into more trouble. Then he would again begin the long trek back to acceptability. He had, it seems, to be regarded as the black sheep, the bad, incorrigible boy, in order to feel at ease or at peace.

The basis of this repetitive pattern lay in his childhood experiences in which his security lay in keeping mother comfortable. Since her primary need was to be a martyr, it suited her best when her son could provide trouble and heartaches for her. Additionally, father was an alcoholic and provided so much trouble for mother that, in order to wangle any attention from her, it was necessary to create episodes or crises which demanded attention. It is better to have nuisance value than to be neglected, and if one can add to that a gratification of mother's need for martyrdom, one has reinforced his security with an inner sense of the rightness of his behavior.

Self preservation is broader than physical preservation. For every person it is a moment by moment task of preserving his pride or his "honor"—"keeping his skirts clean"—living up to his code, maintaining his values and his assumptions about right and wrong. Main-

taining one's honor is equivalent to maintaining one's defense mechanisms intact, and since destruction of these defense or psychological adaptive mechanisms is equated in the unlabeled unconscious with threat to physical survival, failure to maintain one's pride or value system is comparable to the threat of physical disintegration or nonsurvival.

The person feels preserved insofar as those things or those people are preserved on which he feels dependent. The conceived sources of survival vary from person to person. If it be one's moral values which have served in the past to give security, then these must be guarded. If it be institutions which have stood for security in the past, then these must be guarded and maintained. If it be supernatural forces, then these must be preserved. If it be oneself—body or psyche—or it be other people, then these must not be jeopardized. In each category of defenses we may see that each item is clothed with a moral value, so that it is "right" to honor God or it is "right" to preserve democracy or to gratify one's mother or to maintain our way of life.

Since the psyche was constructed in order to preserve the body, one might speculate whether mankind has to some degree lost its way through its insistence that it be the psyche rather than the physical person which is primarily to be maintained. Do we elevate moral principles to the point where we are willing to keep them intact at the cost of physical annihilation? It often seems that to the extent he stresses the need for preserving all the things on which he is dependent, man fails to arrive at his own full potentiality and to have an inner sense of the strength and capacity he has for taking care of himself. To the extent that reliance is placed on the outer defenses, there is also a corresponding neglect of the "inner man." Perhaps also to the extent that man relies on "moral principles" he fails to use his intelligence and to learn new ways of achieving security. Moral principles need to be realistic if they are to provide true security and if they are to help one to grow. Somehow, we need to develop perspective with reference to our value system. This, undoubtedly, is what Freudians mean when they refer to man's unrealistic conscience. How many

of us, for example, cannot behave realistically or for our own true welfare because we have to avoid all conflict, or we have to keep free from all criticism, or we have to avoid failure, or we have to do what is expected of us, or we have to get approval, or we have to appear to be what we do not think we are, or we have to be right—or a thousand other "have to's" which clutter up our lives?

When one encounters a "felt need" to do something or to have another do something, one has unwittingly exposed a detail of the value system which he is striving to protect in order to feel secure. It invites inspection and careful scrutiny, for it may be a defense mechanism or adaptive device which is as useless or indeed as destructive and malignant as the adaptive developments of the dinosaur.



# **PART II**

## **Behavior Problems: Roots and Symptoms**



# CHAPTER 7

## Stress

INCREASING attention is being given to something called stress, as of paramount importance in producing diseases of all kinds. Psychiatrists have long been familiar with the concept of stress in relation to development of disease states. Terms such as stress, anxiety, tension, and insecurity are basic to any psychiatrist's thinking about any patient, for stress is the factor that precipitates psychiatric symptomology.

Whenever the mechanisms of the body which maintain a homeostatic balance are overwhelmed, or when they are inadequate by reason of congenital formation, disease, or injury, to operate to maintain this balance, the person will interpret his experience in living as a disease. The fact of his interpreting a situation as a disease also implies some degree of stress to the organism.

### Stress as the Unfamiliar

Through the process of repeated experience each person has come to know fairly precisely how he may expect to feel, and this feeling he regards as the norm for himself. These feelings include his perceptions of his environment as well as his internal feelings and emotions. Whenever there is a departure from this norm, he interprets it as a stress situation. When cataract operation involved the patients lying immobile with eyes bandaged for a time, the patients often felt such stress that they became quite disturbed. A person may feel completely comfortable in his home in Kansas and develop an acute feeling of stress in Utah, where he feels the mountains are falling on him. An-

other person may feel comfortable in the silence and solitudes of Nevada but feel acute panic on a Freeway in Los Angeles.

Having disease or defect of some part from birth or from early life is not ordinarily regarded as a stress (it is not a conceptual stress) *per se*, for if the person succeeds in actually surviving, then the manner of his customary functioning, no matter how far off it may be from the general norm, is the individual's customary experience with living and is his norm. One may also feel the stress of disease without having any knowledge of his various physical parts. However, to the extent that he has awareness of his anatomical structures a new factor enters the picture, namely, the assignment to the part of some particular conceptual value. This value will relate to the importance of the part with reference to physical or to psychological survival.

One person may have faulty dental equipment and regard this as no particular physical stress even though it will cause deterioration in his general nutritional state and therefore will interfere with physical survival, but he may regard it as a serious psychological stress because it interferes with his capacity to enunciate clearly or because it detracts from his looks. Another person in whom some organic disease has been found may experience stress not because disease threatens disability or death but because he cannot tolerate the idea of having anything the matter with him. To cease being "a perfect specimen" would constitute stress for him because it violates his self image.

### **Causes of Stress**

There are thus two factors which would seem to be important in determining whether something is stressful: (1) a change from the customary or anticipated experience, and (2) whatever is sensed as a threat to survival. Stress occasioned by these two situations is what brings patients to the medical profession for help. Under what we have come to regard as normal conditions, there are far more situations that are regarded as stressful which involve disturbance in anticipated function than involve actual threat of destruction. We are so accustomed to living without fear of sudden attack or accident that



seldom is destruction contemplated. War, however, brings this stress into sharper focus for many, as does living in a police state.

There are people who will not travel by plane because they regard it as hazardous and therefore stressful. Whereas the average person thinks of the work of miners, of steeplejacks, of pilots, and of many other occupations as involving too much stress for comfort, it is safe to say that the people actually engaged in these occupations are essentially untroubled by their special hazards or they would not be able to function efficiently in them.

### Physical Causes of Stress

The disease processes which are regarded as stressful vary from generation to generation. As medical science advances, fewer diseases strike fear or terror in the minds of people. There is, however, no abatement of the stress occasioned by disturbance in the *function* of some part. Pain due to malfunctioning is so commonly regarded as stress that it is almost sure to occasion a visit to the doctor. If pain were an early experience when a lump develops in the breast, fewer women would die of cancer. Unaccustomed fatigue, shortness of breath, bleeding, or failure of motor function are so stressful as to call for assistance in eliminating them.

A man suddenly impotent sexually will regard this as a stress calling for help, although his actual life situation may not demand potency on his part. On the other hand a woman may be frigid, but she probably will not experience this in any degree as a stress and therefore will not seek help for it. If she does, it is likely to be as a result of some external pressure such as a comment from her husband or gossip over a bridge table. This difference in reactions lies in the fact that it *is not the nature of the disturbance in function in and of itself which is stressful, but the disparity between what one anticipates, based on past experience, and what actually occurs.* It is alteration or change in anticipated function which is important in stress.

Doctors know that important information about a patient may not be elicited in a medical history, not because the patient wishes to con-

ceal the information but because it is so taken for granted that it does not occur to the patient to mention it. It is not a felt stress because it is the familiar and the customary. Every life situation which calls for a reaction is to some degree a stress, but only those which require more than minimal or usual energy to restore balance are felt as such. Stress and life processes are intimately interwoven.

### **The Life Cycle and Stress**

The stresses associated with physiological processes and the progress of the life cycle may not sound very exciting, but they constitute much of the stuff out of which life is made. During the earliest months of life the various physiological tensions dominate the picture. Then come the stresses involving interpersonal relations—delay, aloneness, helplessness, frustration, sharing, competition, dealing with new situations. One may say that any learning experience is a stress. Weaning is a major stress, as is toilet training, not only because old and comfortable patterns are interfered with and new, uncomfortable ones are thrust upon one but because there tends to be disruption of smooth interpersonal relations.

Starting to school is stressful because it is often the first definite move away from the familiar to the unfamiliar. Old patterns must give way to new ones. Strange adults and strange children surround one. The expectation on the part of so many people that one is no longer a baby but is big enough to act independently is frightening and overwhelming to many children. Even under the most favorable conditions it is stressful, but if the transition be abrupt, or if there be some additional traumatic experience, then the stress is intensified. Add to this some difficulty in comprehending, or parents who are not satisfied with any effort that does not demonstrate outstanding achievement, or the need to move at a pace set by others rather than oneself, or the fear that one's parents will vanish when they are out of sight, and we have concocted a perfect setting for making out of the school situation an intensely stressful experience.

In our culture, adolescence is almost invariably associated with stress.

Society provides no clear role for adolescents; they are not permitted to be either children or adults. The long interval between pubertal changes and sanctioned consummation of the sex drive in marriage is exceedingly stressful. The adolescents' bodies take on new and unfamiliar shapes and activities which in and of themselves are sufficiently stressful and are made more so because these changes involve areas which they have long been taught never to notice or mention. There are feelings of guilt and of rebellion, secrecy with respect to parents or others in authority, and perhaps most of all the stress of having to establish themselves in relation to new significant people—their peer group. Adolescence has long been regarded as the rock on which many personalities experience shipwreck and develop schizophrenia. The stress of sexuality and the stress of leaving dependency proves too great to be endured, so the adolescent retreats from living.

Genital changes, enlarged breasts, menses, nocturnal emissions, voice changes, masturbation, acne, awkwardness, to shave or not to shave, all constitute major problems to the adolescent. They can be made less stressful if parents have healthy attitudes toward them and more stressful if parents have inadequate understanding. The need for status with peers, coupled with a lack of any source of income by reason of Child Labor Laws and inadequate occupation to sop up energy make it difficult to keep out of trouble.

However stressful this period, it does have certain advantages over the earlier ones. Adolescents are less helpless and dependent from a reality standpoint. Word symbolization has also become a potent factor in their equipment, so that their experiences, rather than being merely felt, may be brought into conscious awareness. There is also the probability that they can share their problems with others and thus gain both needed support and some modification of attitudes.

However much marriage is idealized and romanticized, it constitutes one of the major stresses of life. It may be that the fact that it is romanticized makes it especially stressful, since it seldom bears out what is anticipated. It often seems that the psychiatric casualties of war and of marriage are comparable, which must mean that the two are com-

parably stressful. Home may seem like an impossible place, and marriage may seem a perfect solution, but there is little awareness that a stranger in the guise of a spouse, plus reality and social pressures, may make even more impossible demands than parents have ever made.

The problems connected with marriage are due, in the last analysis, to difference in assumptions regarding values. This is true whether it be in-law trouble, money trouble, sex trouble, division of labor trouble, use of time, rearing of children, relations to society, or relations to responsibility or to any other conceivable detail in living. There is the stress of disappointment, of frustration, of helplessness, and the guilt of failure and fear of aloneness. It is perhaps a good thing that sex drives and the need for acceptance lure people into marriage, for if people went into it with their eyes open it is doubtful if society would achieve the stability it has.

Men have remarkably few psychological stresses as compared with women. For men there is primarily the stress of maintenance of potency, and for most men this does not constitute any stress at all. In those for whom it is a stress it is well to know that it is symptomatic of a psychological stress rather than an expression of physical disturbance. A more common stress than impotence for a man is to live his life with a spouse who has little or no interest in sexual expression and has contempt for him because he does have.

For women there is not only the stress of onset of menses but their periodic recurrence for half their lives. Along with menses commonly go curtailment of activities, emotional changes due both to chemical changes within the body and to fear of pregnancy or of not being pregnant. For women there is also the stress of pregnancy with its fears as well as its hopes and resentments, coupled with the profound chemical changes as well as gross physical changes which are characteristic. People often think of the pregnancy as of primary stressful importance, but it is the delivery and cessation of pregnancy which is the more stressful to the body because of the abruptness of its nature.

The last great characteristic of the female is the menopause, and with this stress as with the other life cycle stresses, there is a large ad-

mixture of psychological with the physical stress. These experiences have a symbolic meaning to the individual which colors her feelings and has repercussions on body processes already taxed by chemical disturbances which vary from her usual pattern or norm.

If the menopause overtakes her before the goal of child bearing has been reached, it may be especially stressful, but for the average woman it is a welcome relief. Some women—as well as some men—have the misconception that this marks the end of sexual interest and activity. Anticipation of this causes women to expect their husbands to desert them for younger females or may make the wife actually unattractive to the husband if he feels it important that he be able to father a child if he cares to.

Perhaps the greatest aspect of menopausal stress comes from the fact that it represents a change in role. Up to this time the woman has had her home, her family, her preoccupations with the routine business of living. Then the children grow up and have other interests; they marry. They no longer need her, and her dominant role is lost. Her husband has long since given up hope of being the number one person to her and has abdicated in favor of the children, so he, too, is essentially gone. She has lost her sphere of influence, her work, her feeling of a reason for living. This does not need to happen, but prevention cannot be started late. Often the very process of prevention brings upon her through the years criticism for her lack of complete devotion to her children or for her maintenance of “selfish” interests and pursuits.

With the exception of the endless panorama of stresses in the life cycle of child rearing and parenthood, in which it is commonly the woman who carries the major load, and the stress of scheming and planning and competition and responsibility in order to provide a livelihood, which is ordinarily the major responsibility of the man, the remaining stresses of life are carried equally by both sexes.

Growing old may be a process or it may come as an abrupt and distinct shock. People have worked hard, looking forward to retirement and to getting the family grown up, hoping then to take things

easy and enjoy life. But they have kept their noses so constantly to the grindstone that they are lost in the new role. New interests do not come with a wave of a wand, status and power are absent, inflation may have shrunk their resources, and pet ideas are swept into the discard.

Some never looked forward to retirement but hoped to avoid living on "welfare." Social Security and Old Age Assistance have lessened the stresses of these people a great deal, but present day trends toward dispensing with the services of older people have worked toward idling people against their will and giving untold numbers the problems of old age prematurely.

The stresses of old age are partly but not wholly cultural. The Bible gives an excellent description of the stress associated with this period: "When thou shalt say [of the years] I have no pleasure in them, and the grinders [teeth] cease because they are few, and those that look out of the windows be darkened [failing vision] . . . and the grasshopper shall be a burden [even a trifle is a load]." It would seem that the medical profession has almost outdone itself to increase the life span of man but has failed so far to make the latter years anything but a burden.

Few people succeed in getting away from their infancy and childhood feelings in which tension in the parent produces tension in the "child." Usually they will try to do whatever seems possible to lessen the stress of their parent, with the result that many other stresses arise. Old people have a faculty for being as insistent as children, but they are not as easily dealt with as children because they are accustomed to a role of power and authority. Meanwhile, their adult children have grown accustomed through a lifetime to the role of concern for parental feelings. It is in this area that some of the major stresses come.

Life might not be such a stress if it were not for the stress of fear of death. To many the idea is so fearsome it is never mentioned. Some even refrain from purchasing life insurance because of its implications of death. Death is stressful for many reasons. It is a stepping into the unknown and it must always be done alone. Various religious beliefs

may make it either less frightening or more fearsome. Some, holding no formal religious beliefs, find it stressful to accept a concept of the ceasing to be. Man has ever rebelled against finality and has chosen to believe that death is not the end but merely a passageway into something else—like the pelvis is a passageway into a new aspect of living. However one may look at death theoretically, the actual fact is usually much less stressful than the events leading up to it. Rarely does death occur without a curtain of unconsciousness having been drawn, so the stress is thereby minimized.

Death might be less stressful if it were more genuinely accepted as a part of life—if it were not pushed away so fearfully. Being ready to live has embodied in it a readiness to die. The one who is neurotically fearful of dying is also afraid of living. One cannot really live until he has come to terms with death.

However manifold the stresses associated with life cycle and life processes may be, these are but the beginning. The major stresses are those having to do with psychological processes. The body is involved, but on a secondary rather than a primary level. There is confusion about psychological stress, because what is stressful to one person is of no consequence to the next one. It is in this area that people have trouble “understanding one another.” Another way of saying this is that in this area it is difficult to refrain from moral judgment. The judgmental attitude invariably comes from a failure in understanding either the limitations of the other person or the wellsprings of one’s own value system.

### **Psychological Processes and Stress**

It did not seem strange to most people that there should have been so many psychiatric casualties as a consequence of war, for war is generally regarded as a stressful situation. The terms “shell shock” out of World War I and “combat fatigue” out of World War II seemed apropos. However, these terms often had little relation to the actual situation which these psychiatric casualties experienced. Many of these men had never been near an explosion, and many not only had never

seen combat but had faced no more physical danger than they would have in their own home towns; yet each one was a victim of stress.

This suggests questions about the nature of stress, and about whether succumbing to stress signifies that the person has a "weak character." If these service men were not facing danger, were they not merely "weak sisters," and are other people not justified in looking at them with contempt or moral judgment?

Such attitudes arise out of the familiar projection mechanism which leads people to assume they understand other people by virtue of looking at themselves. It is common to think that what would be regarded as a stress for oneself would also be so regarded by another person, and what would be tolerable or nonstressful for oneself *should* be similarly regarded by others.

Actually, the stress will always have direct relation to the nature of one's structure. One person can run a mile and recover within minutes, while another cannot climb a flight of stairs without endangering his life. One person may raise a flock of chickens, while another person cannot come near a feather pillow without serious consequences. We accept the fact that people are different.

People are just as different in terms of psychological stress. One person can face losing his mother without feeling particular stress, whereas another would find the thought unbearable. One person can get a divorce, or two or three of them, without batting an eye; another could not stand even to contemplate the act. One can be accused of being a cheat and have no disturbed feelings; another would grow ill over such an accusation. Some people think of getting married with a great deal of pleasant anticipation; others find it so great a stress that they develop a "nervous breakdown." Some people think of moving to a new house with keen satisfaction, but others will put it off as long as possible. One person can fire an employee without a moment's hesitation; another person will become ill at such a prospect. It is clear that what is easy for one person to carry out may be difficult for another even to contemplate.

Stress is felt whenever there is conflict between maintaining the



body and its functioning intact or maintaining the psyche and its functioning intact. Stress is felt whenever either the psychological or the physical structure is deemed to be inadequate to perform a given activity which is conceived as being essential for the well being of the individual. Stress is felt whenever a physical or a psychological structure is broken or is threatened with being destroyed or when a structure is required to be different than it is.

Stress is experienced by people who feel required to operate either above or below their level of capacity, whether intellectually, sexually, or physically. Stress is felt by those who have figuratively to walk on tiptoe, and it is also felt by those who are not permitted to stand up straight. Many people have conceptual levels of operation which are not in harmony with their actual levels, and stress is experienced when this conceived level is not adhered to, in the same way as though it were realistic. People of excellent capacity may have concepts of themselves—self images—as having mediocre endowments. To expect them to behave up to real capacity would cause as much stress as though they actually had the limited capacity they assume they have. Thus, we deal with two areas of possible stress: the actual condition and the conceived condition.

### **Stress in Function**

Stress in interpersonal relations in the area of function rather than of structure is probably the most common of all stresses. Since the function of any psychic structure is the reaction of someone outside the person putting the structure into action, stress is bound to occur. No person can know for sure how another person expects to be treated or responded to, and even if he does know, there is no reason to assume that he either can or will perform in the required or anticipated manner. By and large people do not understand one another; they behave in a manner determined by their own past experience and consequent assumptions rather than out of the past experience of the other person. All they can do is to use the device of projection to give the symbolic language of the other person intelligible meaning, and this

frequently is quite out of tune with what the person had intended to convey. Add to this a possibility that there exists some degree of "association deficit pathology" with its implications with respect to lack in capacity for empathy, disturbance in perspective, disturbance in integration, and disturbance in response to unstructured or unlearned situations, and one has magnified the probability that the response will be felt to be a stressful experience.

If one has really grasped the structure-function concept with respect to the psyche as he grasps the anatomy-physiology relationship with respect to the body, then stress reactions are not confusing or unintelligible, and there is no need for moralistic judgments with regard to them. On the other hand, stress reactions certainly do not make sense except with respect to the particular individual under consideration.

Some might wonder whether life today is more stressful than it was in times past, and whether increased stress may account for the great increase in psychiatric patients. One may well wonder too, if there is any real increase in psychiatric problems or whether these are merely more clearly recognized. Every period has its stresses, and it would be hazardous to try to make comparisons, but it might be provocative to call attention to a few of the contemporary stresses.

A shrinking world, due to increased ease and speed of communication, is a major factor in increasing stress. Within moments of occurrence, millions of people are aware of happenings all over the globe. We can now be concerned over matters which in former times would never have come to our attention. The shrinking world has added to stress in terms of clashing of national interests and ideologies, especially since atomic weapons, guided missiles, and supersonic speeds are not only facts but facts insisting on attention. The twentieth century has been filled with wars and rumors of war until one feels as though nothing exists except stress, and perhaps the greatest stress is the feeling that one is essentially helpless to do much about anything.

Wars have brought their own stresses; disruption of families; children brought up without the presence of both parents; unbearable

sexual tensions that often resulted in behavior which produced conflict and guilt or in marriages between persons who had few if any commonly held assumptions, with the result that stress between them was inevitable; disruptions of plans and fear of making them and a thousand other stresses.

Increased urbanization has acted in the same way as the shrinking world, for it brings people closer together. This increases stress for the reason that people having more contact with one another are thereby confronted with more interpersonal stress situations. Competition is increased, and specialization likewise, with resultant anonymity, meaninglessness, and increased aloneness.

Even living in the United States provides its own kind of stress, for here "any child can be President." Whereas factually this does not mean very much in the way of stress, the freedom to choose one's work, as compared with the patterns of those nations where trades are family determined, does constitute stress. Any choice constitutes a stress situation; it is so much simpler when limitations are placed on one. As Fromm has pointed out, freedom is a two-edged sword—for it implies not only freedom from but freedom to—and it is easier to escape *from* freedom. Advertising, which we accept as a part of our way of living, helps greatly to intensify stress feelings, for it fosters insatiable wants and it fosters doubt of what one is presently doing.

Women have felt much stress, due in large measure to their increased freedom of choice, and they have also added to the load of stress carried by people in general. Gone are the days of the ardent Feminists, but women are still interested in becoming "free and independent." They have felt their serfdom in a dominantly male world long and acutely, and they have done whatever they could to deny their inferiority or their dependency. Certainly, no theory such as the Freudian, with its emphasis on penis envy, could possibly have been developed unless the culture gave the spoils to the males. In their efforts to acquire if not a penis at least the privileges and power of the male, women have belittled their own true femaleness and have felt that whatever implied femaleness was a burden and a stress.

In carrying out their emancipation activities they have not only lost much of their old ease and security but they have too often failed as wives and mothers and have thereby created stresses and tensions in their families which have been passed on from generation to generation. Surely, "The sins of the fathers (or mothers) shall be visited on the children even to the third and fourth generation." In marriage a further stress is common, namely, to make a decision as to whether or not to *stay* married. Here it might be well to recognize that no matter how capacious a person may be, he cannot be both father and mother to a child, and without both parents identification is made much more difficult. It also needs to be common knowledge that of all relationships the step relationship is the most difficult—even more so than marriage—so if one be truly interested in his children he will pause and consider whether providing them with a step-parent would be doing them a kindness.

A stress which is given too little attention is the stress of felt isolation and aloneness, not to mention the feeling of meaninglessness, which besets many people. In the midst of increased facilities for communication, one finds interpersonal communication decreasing to the vanishing point. Mothers begin the process by having so many experts available to guide them in handling their children that they don't bother to establish the art and practice of communication. Then there is so little genuine family living that the process of isolation is magnified. The stereotyped and repetitive patterns of living fostered by our society discourage individuality and opportunity for communication as individuals. The screen, the radio, the page, say all there is to say.

Living with a spouse who is afflicted with "association deficit pathology" can bring acute isolation feelings, since beyond the stereotyped expressions there is little communication. As expressed by one woman: "I scarcely know how to put down what troubles me. It isn't the work, or even the queer relationships, but a diminishing spirit on my part that sometimes devastates me. The passage of years seems to increase my isolation. Days pass without my saying anything but the small sounds one needs to make just to keep the house running. I never

really talk any more—and sometimes I am really frightened when I become aware of my long silences.”

Then there are the never ending pressures to hurry, to grow up, to be strong, to be independent, to be successful, to let no one know one has any weaknesses or inadequacies, until it becomes dangerous to try to communicate with anybody regarding what is really important—one’s true feelings and beliefs—lest he suffer some pain or indignity for revealing himself. If communication were bearable or were considered desirable (not theoretically but actually), it is doubtful whether TV would have been the success it is. It obviously has filled a great, aching void in the lives of millions of people who live their lives tragically alone.

### **The Challenge of Freedom**

The final stress of our time is the stress which is associated with loss of deep religious convictions. This gives “freedom from,” but it does not solve the problem of “freedom to,” and the freedom is too stressful for many. Choice, self determination, new motivation, and personal responsibility are too heavy burdens for most people to bear. We are much like children “playing house,” wearing the clothes of grownups, and then, somehow, getting mixed up and finding ourselves being expected to behave as grown-up people. Perhaps that is one way to learn, but the experience is stressful just the same.

It is possible, also, that to the extent that people have deluded themselves that “security” is to be had, they feel more stress. The best bulwark against insecurity is its acceptance matter-of-factly, unavoidably, and as “just one of those things.” Stress is essential to life and to development. We may, perhaps, be in process of preparing ourselves or our offspring for aspects of psychological development of which we have not dreamed.

### **Escapes from Stress**

The mechanisms which each person uses to escape from stressful situations are consistent and in large measure out of conscious aware-

ness. They differ from character traits in that they are developed *after* the major aspects of the character structure are well formed, whereas the character traits are determined during sensed dependency periods. The stresses to be avoided do not tend to be perceived clearly. The person often sees what he is doing, but he does not understand why he is doing what he does. Rationalization is extensively used because the person does not understand what aspects of his self image are being threatened.

*Working* constitutes one of the commonest escape mechanisms in our culture. The reason it is so common is undoubtedly the fact that it brings with itself such big rewards. It not only gets necessary details accomplished, but it fosters a sense of virtue and entitlement. It is not easy to come upon an escape mechanism which tends to bring with it approbation! Sometimes one finds lazy people working very hard. It is easier to continue doing what one has been doing than deciding what else to do. Work also provides good reason for not seeing things as they are; one does not have time either to think or to feel, much less to decide, when one is very busy. Many people escape from any recognition of their own inadequacies through work; they are so loaded with work that they never have to face the fact that they are poor organizers or that they have such poor perspective that they cannot separate the lesser from the greater in importance.

Work patterns can be a device to avoid seeing one's manipulative, aggressive, and hostile attitudes. Such a personality may feel justified as he makes others around him feel miserable, or he may take on enough work for half a dozen people, and then expect everyone around to "pitch in" and help in the activities which might logically be considered his proper duties. Such are the people who fill their schedules to the brim, knowing they can carry through if everything goes "perfectly." When it does not, which happens frequently, they blame outside factors rather than their own repetitive patterns. Hard work can be an escape from any feeling of necessity to perform accurately or even well, since such patterns entitle one to have inadequacies overlooked. It also provides a reason to avoid facing poor social relations;

perpetual declining of invitations or failure to socialize seems logical in the circumstances. Work helps people avoid the necessity for taking stock of themselves, of others, or of situations.

"Religion, the opiate of the people," is a phrase attributed to Communism, which implies the assumption that Religion is an escape mechanism. Although one may acknowledge that flight or escape is sometimes a better solution than fight, the designation "escape mechanism" implies an unhealthy or pathologic element in the activity. For example, even when one recognizes that there is an involvement with religion which is genuinely wholesome and realistic or essential and natural, it is nevertheless true that much transpires in the name of Religion which is escape mechanism as truly as is chronic indulgence in alcohol or in daydreaming.

Many people will not let themselves see what is there to be seen, whether it be in the field of mental health, in Medicine, in social relations, in geology, in international relations, national affairs, or other aspects of factual knowledge, because to do so would violate religious preconceptions and alter cherished notions regarding roles and sources of security. Prayer, "the will of the Lord," religious patter, ritualism, and symbols, may all be used as escapes from facing reality and from critical observation, conclusions and decisions as well as action. These often serve as excuses for oneself; it is so much easier to avoid straight thinking and straight seeing if one places the responsibility on God—or the Devil. People like to depend on magical answers rather than on clear perceptions.

Another common escape from making a life of one's own, with all the attendant decisions which must be made, lies in the accepted necessity for keeping someone else happy or placated or at least not unhappy. This self-sacrificing person may complete his life without discovering that he has never made one—never become acquainted with his own wants, wishes, feelings, capacities, or inadequacies.

Cultism of all kinds falls into the category of escapes, whether it be religious, medical, psychiatric, economic, political, or cultural. The feminist may escape from the necessity of being feminine; the mili-

tant pacifist may not have to realize that he is a lover of peace in theory only. Everyone escapes from seeing something that is there to be seen through his involvement with some bias or prejudice. Many people have escaped from any necessity for critical and dispassionate observation of their own lives by resting securely on the knowledge that they "have been analyzed."

Sleeping is not an uncommon escape pattern. Often the person so afflicted may be convinced that he is tired, but scrutiny will show that he sleeps not to rest but to avoid or escape from something. It may be he cannot face making any change in himself and deals with a nagging wife in this manner. Often one finds a wife who does not want to face her sexual inadequacy or her hostility toward her husband's sexual demands taking the easier route of chronic need for sleep. Sleeping may be preferable to facing the fact that one cannot carry on a conversation, or cannot be at ease in a social setting, or dislikes one's children. Not infrequently sleeping may eliminate the necessity of facing the fact one is bored. Many wives complain that they never can talk to their husbands because the men invariably fall asleep!

Eating is another common escape mechanism. People may gorge or go on an eating binge rather than do anything about the fact that they are lonely or unloved or that their lives are empty. They attribute their isolation to the fact that they are too fat or their clothes do not fit them properly. Sometimes they feel they do not have money enough to invite anybody to go out with them, so they eat alone and in quantities rather than face their insecurity with people. Often they feel that since other people do not love them they will at least be kind to themselves. Many can somehow get through a meal with other people, but they would not be able to stand spending an equal amount of time with them without the prop of something definite to do.

Alcohol has been called a social lubricant. Indeed, many people seem to find themselves and others acceptable only when viewed through a few cocktails. Just as work, eating, or religion are not necessarily escape mechanisms, so the use of alcohol is not necessarily one. But it tends to be used in this manner so regularly that it is more com-



monly recognized as a means of escape from stress than are the others.

The alcoholic may think he is escaping from the heat or the cold or business troubles, or from boredom at home or pain of some kind. Usually the same man—or woman—uses alcohol equally readily to celebrate some piece of good fortune or to drown troubles. Almost invariably one finds the assumed reason for the need to escape located outside himself. If it be located in oneself, alcohol is seen as the solution for overcoming the debit. There are few things that will raise a person's estimate of his performance so regularly as will alcohol, and few things that will decrease it so regularly by objective evaluation.

The alcoholic has two problems. He not only has the problem of drinking too much, but he has the more fundamental problem which causes him to drink. Some aspect of reality is more stressful than he can face, and alcohol helps him eliminate it from his awareness. As Strecker has so aptly stated, "The chronic alcoholic is the person who cannot face reality without alcohol, and yet whose adequate adjustment to reality is impossible so long as he uses alcohol."<sup>1</sup>

Sometimes it is a device to escape responsibility which one feels inadequate to carry yet believes he should carry—as a way of escaping an inadequate self image. It may be used as a device which permits him to show hostility without taking responsibility for the feeling. It may be a way of permitting one to engage in activities which would be prohibited by his customary self image. Some drink rather than face inner poverty or because it permits continued dependency. It is rare to find an alcoholic who does not feel dependent and incapable of fully standing on his own feet or fully measuring up, while at the same time his value system demands that he be strong. He is usually a hostile person, since dependency and hostility go hand in hand.

Contrary to common opinion, one who drinks is not necessarily an alcoholic; it is the one who relies on alcohol to achieve some desired emotional state and who feels the need of achieving this state who is the alcoholic. If one can drink or leave it alone he is not alcoholic,

<sup>1</sup> Strecker, Edward A., *Fundamentals of Psychiatry*, J. B. Lippincott, Philadelphia, 1947.

even though he may at times imbibe to the point of intoxication.

What can be done to help the alcoholic? These people are not usually considered good risks from a psychotherapeutic standpoint. Psychotherapy is useful only if the person is not drinking. Nothing is so futile as having psychotherapeutic sessions while a person is intoxicated or is just recovering from the effects of alcohol. Neither do long periods of abstinence from alcohol achieve anything in the way of "cure." One who has been an alcoholic is as vulnerable to alcohol after abstinence as he was before. In other words, once one is an alcoholic one cannot any longer expect to be able to be a "moderate" drinker.

Ordinarily, the alcoholic needs help to be able to stop using alcohol. This help is usually dietary plus physical and drug assistance, and he often requires hospitalization for a period of time. He also needs psychotherapeutic assistance, so that he may learn more about himself, his self image, his unrealistic assumptions—and learn ways of dealing with reality factors in a better fashion. Alcohol, however, is a toxic substance which affects the whole physical body—including the brain—and it would not be reasonable to expect that one could assault the brain in this fashion for many years without leaving permanent residual "scars" in the brain tissue. Such brain damage must therefore be assessed before one can know whether it would be reasonable to expect much from psychotherapy. In a sense, the brain damaged by alcohol is just as handicapped in making use of psychotherapy or in learning new ways of behavior as is the brain damaged by arteriosclerosis (hardening of the arteries) or one that has suffered "association deficit pathology."

In some instances the increased social acceptance which comes as a result of belonging to Alcoholics Anonymous is sufficient to accomplish real social improvement. Similarly, the fact of admitting to oneself that he is an alcoholic and not merely a drinker is salutary. There is such a felt need to cover up and to tell lies in order to conceal activities and feelings that any move toward honesty is in the direction of self help. Confession of guilt toward some other person is not a useful

goal. A better objective is full recognition of self destructiveness in the light of an unrealistic value system.

Those who do not escape through alcohol are often intolerant of those who do, but they may have other ways of escaping which are only a little less self destructive or hostile. Spending money "like a drunken sailor" or going on "buying sprees" or making impulsive moves or decisions are common methods of circumventing unpalatable realities. Many people try to escape from some awareness through travel, through changing jobs, or changing spouses, when psychotherapy would be more to the point.

Reading and daydreaming are the methods of choice of many, though our culture fosters another form of escape in a high-pressure manner. So long as people can be entertained—whether by television, movies, sports (spectator), or other media—there is a chance to postpone facing the fact that they feel alone and destitute and purposeless. Even driving automobiles or involvement with a hobby may be an escape. No doubt cigarette smoking serves to keep many people firmly anchored in the status quo. In fact, if one were to be quite honest, practically everything one does has some element of escape in it. We do not want to look at ourselves objectively, and we do not want to make any changes. We are used to our own patterns, and being different or looking at things in a different way would make us uneasy. The fact that it may be familiar territory to someone else helps us not at all; to us it is still the great unknown—a stress.

# CHAPTER 8

## Anxiety

STRESS produces bodily changes and anxiety. Despite the fact that people have no trouble using the term “anxiety” and knowing exactly what they mean when they use it, this simple word has given people in the professional fields of Psychiatry and Psychology a great deal of trouble. Everyone dealing with psychiatric problems has seemed aware that anxiety was nuclear in development of symptomatology, but the theoretical formulations in regard to the cause or the basis of anxiety have varied from one school of thought to the next, and even from time to time within a single school.

### What Is Anxiety?

Rank has seen anxiety as derived from the trauma of birth—the greater the difficulty in this original separation experience, the more prone is the individual later to become anxious in any experience involving some degree of differentiation or becoming independent or separate or onself. (Actually, Rank may have made a valid observation, for we know on the basis of studying “association deficit pathology” that difficult birth experiences frequently result in a decreased capacity for maturation, increased need for dependency, and greater proneness to stress.)

Freud has seen anxiety as arising from the conflicts between Id drives, Superego restraints and Ego limitations and demands. He has also seen anxiety as the result of failure of complete repression of unconscious, nonacceptable Id drives. Incomplete repression of non-

acceptable material has been considered the primary basis of anxiety.

Sullivan has seen anxiety as deriving solely from interpersonal relationships and primarily from the anxious state of the mothering person and her effect on the infant. Rollo May, in his comprehensive treatise on anxiety, has defined it thus: "Anxiety is the apprehension cued off by a threat to some value which the individual holds essential to his existence as a personality."<sup>2</sup>

Sullivan has given an excellent description of anxiety, with its sense of over-all discomfort, its awesomeness—in that no cause is recognized, no known measures to alleviate it are effective, and the feeling of impending or already present calamity are overwhelming. It is not pain; it is not fear; it is not terror. It is a dread of one knows not what. It won't let one tend to his ordinary affairs or do anything to get his mind off his troubles or even do what good sense may dictate needs to be done. It grasps one and holds him prisoner.

The two elements of sense of impending doom and lack of awareness of the nature of the disturbance or the means to alleviate it are the outstanding characteristics of anxiety. It is differentiated from fear in that the cause of a fear is understood by the person experiencing it, while the one experiencing anxiety does not perceive the cause.

In general, I am in agreement with Rollo May. Anxiety is a total organismal response to sensed threat to survival, and it may relate *either* to physical survival or to psychological survival. This may be exactly what May concludes, for the "value which the individual holds essential to his existence as a personality" may be his body as well as his other foci of identification.

Anxiety is seen in many situations where physical survival is sensed as threatened. It was common in this form and at this level among service men. It is seen in animals who have not developed a psyche and have no problem with interpersonal relations. Horses are known to refuse to cross streams of water at night if the trail is new. Experimental animals show evidences of anxiety.

<sup>2</sup> May, Rollo, *The Meaning of Anxiety*, The Ronald Press Company, New York, 1950.

### **The Birth Anxiety**

When a baby is born, the process of birth provides this threat to basic or cellular survival both through what happens to brain centers in the birth passage and through the cutting of the umbilical cord with consequent lowering of oxygen tension and necessity for immediate establishment of respiratory function. Any failure of the baby's body to maintain physiological homeostasis, whether by reason of infections, dehydration, disturbances in absorption from the digestive tract, or in utilization of required cellular nutrients, will produce sensed threat to survival and the total organismal experience of anxiety. Those who have experienced this tension early in life, either as a result of having physiological tensions which the mothering person could not or at least did not relieve or as a result of transmission of the mother's own anxious state to the child seem to be special prey to anxiety later.

For the infant, there cannot be any conscious awareness of what is wrong. It is merely an all-encompassing experience with no cause and no solution. As a person develops and becomes increasingly familiar with his parts and his functions and incorporates a sense of time, there is a diminution of the area of anxiety potential and an increase in the fear potential. Even where accurate knowledge is not present but superstition is used to account for various physical experiences and phenomena, the area of anxiety is decreased and the area of fear broadened. The less an individual understands or fathoms what is transpiring, the more vulnerable he is to anxiety.

### **"Magic" as Therapy**

For many people, it is not the acquaintance with their bodies and their functions or with other natural cause and effect phenomena which forestalls anxiety, but the availability of the person who knows how to practice the right kind of "magic." They may have neither anxiety nor fear so long as the omnipotent doctor or other mother substitute is at hand, but if they know their body and its functioning is in their own hands, or the making of decisions, or the taking of com-

plete responsibility with no chance to unload any of it, they become overwhelmed with unbearable anxiety.

When a person has structuralized a psyche and has become increasingly identified with that adaptive development, he may then experience anxiety in relation to felt or sensed threat to survival of his psyche as well as to his soma. One may say this structuralization is accomplished in large measure by adolescence. Since survival is dependent on maintaining both structure and function intact, either sensed threat to the structure (assumptions in relation to action) or sensed disturbance in anticipated function (assumptions in relation to reaction) will produce anxiety.

Anxiety having certainly been experienced by every person during the process of birth and thereafter as well, it becomes something to avoid if possible. It is also obvious how difficult it is to devise any tool or method for eliminating it, since so much of the anxiety is determined by the behavior of other people. For the baby the most effective procedure is to be or to do what will again make this outside person be the good, kind mother who is aware of his needs and who tries to meet them, who loses the tonal qualities in her voice that signify tension, and whose muscular activities are not harsh and jarring or jangling. This pattern is the prototype for the urgent need seen in later life to avoid interpersonal conflict and tension.

### Techniques for Forestalling Anxiety

When structuralization of the psyche is accomplished, the techniques which have been found effective for forestalling anxiety in the past are clung to with great tenacity. This produces rigidity and non-adaptability, and persons involved with such patterns—with the inflexible assumptions and repetitive patterns which these imply—decrease their anxiety with one hand and increase it with the other. They are so involved with their rigidities through maintenance of their defenses against anxiety that there is no real concern for the business of realistic living or of developing.

If a person has had minimal experience with anxiety through his

formative months and years and is free from serious "association deficit pathology," he is far more free and flexible. He is not so constantly involved with keeping free of anxiety and can (theoretically, at least) use his capacities in an experimental fashion. His patterns still tend to be rather more habitual and stereotyped than free, but he is not bound to them with the energy which is invariably present when a pattern is deemed an essential factor in survival.

One may sense the difference in these two states—the flexible and the rigid—by noting that the anxious individual has a strong felt need for having certain sets of factors or circumstances present, whereas the nonanxious person may like or enjoy what the anxious person insists on but feels no major disturbance (anxiety) if these circumstances are not there. The nonanxious person emanates a feeling of freedom, and the anxious one a feeling of bondage. The one is free to be involved with living, i.e., with becoming "perfect"—whole or his full potential—but the anxious person is free only to achieve survival. He exists; he does not live.

It is impossible for people voluntarily to make themselves non-anxious. One is either anxious or he isn't. No person, by willing himself not to be anxious, can do so. In fact, the process of willing to not-be anxious may provide the basis for becoming anxious by reason of determining to do something that is impossible to do. Freedom from anxiety is the by-product of keeping one's structure intact and functioning properly. Thus everybody, at all times, is engaged in the simple business of keeping free from anxiety through obeying his value system (remaining in proper relation to that with which he identifies) and trying to get other people to give him the responses that are familiar and comfortable. People tend to be unaware of following any pattern or of having the value system which they do. They behave naturally, but if they should consciously try to behave in any other way they would be most uncomfortable.

### **The Fear of the Unknown**

The fact that neither the actions nor the anticipated reactions are consciously recognized brings any disturbance involving them into



the area of the unknown and therefore into the area of anxiety rather than of fear. If one recognizes the fact of their presence, he does not realize where or how they had their origin or what makes them important to him. All of this accounts for the fact that in psychotherapy exploration into and insight concerning the origins of assumptions is required if one wishes to achieve a lasting freedom from the anxiety or from the symptoms produced by anxiety.

It is logical that the adaptive mechanism or mechanism of defense for survival which a person builds should be of maximum value to him. When a "survival mechanism" is threatened, there is anxiety. Threat of destruction to the defense system is felt and is interpreted as a threat to oneself—of disintegration or nonsurvival. Keep the defenses intact and the person feels safe; disrupt them and the same physiological reactions will take place as though the person, himself, were threatened. This is why the term "survival" is applicable to maintenance of psychological integrity as well as to physical self preservation.

### **The Anxiety of Guilt**

There are characteristic emotions that are associated with each type of psychic disturbance. If the structure of the defense is threatened or actually broken (action contrary to the assumption concerning action), the person experiences the feeling of guilt. If the structure is sensed to be inadequate to perform an essential task, the person experiences the feeling of helplessness. If the structure is maintained intact and the response or the functional result obtained on putting it into operation is different from or contrary to what is anticipated (according to the conceptual unit of structure-function) the person experiences the feeling of frustrated entitlement. If that with which a person identifies himself is absent, he feels loss of personal identity. Each of these aspects of anxiety provokes certain types of feeling and reaction which are called symptoms. These symptoms may be felt in the physical body, or they may be purely behavioral or emotional.

Anxiety, the antithesis of sensed security, is thus not only the factor which is the focal point for the total behavior of man, but it is the occasion for the development of a major portion of his psychiatric

symptomatology. For this reason it is of prime interest to the psychiatrist, but anxiety is also of concern to any student of behavior. Perhaps the easiest way for a person to learn about himself is through the gateway of anxiety and its symptomatology. In fact, without these, few people ever bother to get acquainted with themselves.

Guilt, as the peculiar expression of the anxiety derived from broken psychological structure, is an interesting phenomenon inasmuch as it cannot be elicited except through one's own actions or thoughts. No other person can break or threaten or destroy one's assumptions regarding value judgments or assignments. The individual, himself, has the sole power to destroy. As a consequence, we see avoidance of guilt (maintenance of virtue) as a prime factor in behavior motivation. Since guilt is painful, people see to it that their every action is such as will "keep their skirts clean." No one may point a finger at them. They must feel justified in all they do. Whether individually or nationally, we maintain our honor according to our assumptions regarding what is honorable.

Structures, we know, do change. Value judgments undergo modification. Experiences will alter assumptions, but this is usually a slow process and not an abrupt shift. The "brain washing" of reputed Communist technique is a comparable procedure. There may be some guilt in each step taken, or each modification made, but after the modification is made—after the assumption has changed—"homeostasis" is again established, and the individual is ready for the next step, without guilt.

Guilt signifies a voluntary act or thought contrary to a still-accepted value judgment. It is therefore not the value which is broken but the behavior pattern which denies or is contrary to the held value. So long as a person experiences guilt he retains his value system intact. Guilt proclaims that the person is still bound to his value judgments, no matter what his behavior may be. Guilt, furthermore, is experienced primarily in relation to interpersonal phenomena or in relation to the attitudes of an accepted authority. It is almost never experienced when a value established through reality experience and without the pres-

ence of an authority has been violated. When such a nonauthoritarian value is violated, the commonest feeling experienced is a sense of stupidity, but in some instances it may also be loss of personal identity.

### Anxiety as Frustrated Entitlement

Frustrated entitlement, the feeling generated as a result of disturbance in psychic function, is experienced far more frequently than is guilt. This is because the assumptions regarding proper interpersonal behavior or reactions vary from individual to individual, and therefore function—reaction—is likely to be different from what is anticipated by the actor. Because psychic structure is associated with the individual's value system or his moral code, the feeling of frustrated entitlement which comes with disturbance of function may also be accurately described as a "sense of outraged virtue." By reason of following his code the actor thus is behaving "right." He expects to be treated "right" in return, according to his own concept of "right." If he is not, he feels resentment, another name for frustrated entitlement.

### The Anxiety of Helplessness

Helplessness, the feeling generated whenever one's structure is sensed to be inadequate to perform an essential task, is commonly spoken of as the Mother of Anxiety. This feeling occurs about as frequently as does resentment. In this situation, although the structure is involved, there is no sense of guilt because the structure has not been violated or threatened. Neither is there outraged virtue, for no one has failed to give an anticipated response. There is merely the dread feeling of anxiety by reason of knowing he cannot do what *has to be* done.

It is not helplessness in and of itself which provokes anxiety, but rather the *feeling* of helplessness which does it. No person can feel helpless in regard to anything except as he regards his performance with respect to it as necessary or essential. No one feels helpless in regard to flying to the moon, for no one feels it is necessary for him to do it. There are few people, however, who do not at times feel helpless

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in regard to meeting some standard set up for themselves or more especially in regard to changing some person—a child, a spouse, a parent, an employer, etc.—because they regard it as absolutely essential to effect specific changes. Helplessness, we see, bears a close relationship to “felt needs.”

It is surprising to discover how little one actually needs and therefore how little there really is to feel helpless about. The demands which man makes on himself rarely make sense, for these almost invariably involve such activities as will make or keep one “safe” or invulnerable to criticism (as though criticism were deadly), and the demands on others usually involve having the other person change so that one’s own values and standards may remain intact. The other person has to do the changing so that he, himself will not have to. It always seems clear that since it is the other person who is in the wrong it is he who must change. A change in oneself would either be toward impossible “perfection” or toward doing that which would cause guilt, and either alternative brings forth a sense of helplessness.

Is there realistic helplessness in the adult? Yes, we find it in war and in other life situations involving actual threat to life, either one’s own or that of others significant to him. These situations, however, constitute a small part of the occasions for feeling helplessness.

Helplessness sometimes is not expressed directly. The commonest manner is through rage. Another is through depression. The parent who yells at her children, the “touchy” person, the one who engages in sudden and unexpected attack, as well as the “moody” person, or the one showing frank signs of depression are all proclaiming their sense of helplessness. It is the animal at bay that will fight most viciously.

Each aspect of anxiety—guilt, resentment, helplessness, loss of sense of personal identity—is commonly associated with physical symptomatology. This may be of any type and involve any part of the body. Some of the commonest forms, known as “psychosomatic” disturbances, affect the skin, the circulatory system, the digestive system, and the respiratory system. There is no part of human anatomy

which is immune, however, and these call for attention to one's psychologic self rather than to one's physical self. To have such disturbances as a result of anxiety does not imply that the person is "imagining" he is sick. He is really ill, for there is no illness so crippling or so difficult to bear as anxiety, with all its varied symptoms.

## CHAPTER 9

### **Symptomatology of Everyday Life (Character Neuroses)**

THE symptomatology of psychiatric disturbances is varied. It is generally associated in the minds of people with a few characteristics which are frightening, incomprehensible, disgusting, or bizarre. Few people are aware that a large segment of ordinary medical problems is a form of psychiatric symptomatology. Neither are they aware that people everywhere, including themselves, are suffering from some psychiatric disorder, and that most psychiatric patients are not candidates for hospitalization in mental hospitals.

Psychiatry used to be concerned primarily with that symptomatology which made it impossible for the people having these symptoms to continue to live in free society. These were such symptoms as hallucinations, delusions, marked hyperactivity or mania, certain stuporous states, depressions, suicidal intentions, disturbances in orientation for time, place or person, regressive states, convulsive states, and severe deterioration or dilapidation—all characteristics of psychosis.

Gradually, psychiatric awareness was broadened to include people who had certain types of physical symptomatology considered "hysterical" in nature, such as hysterical paralyses, hysterical blindness, deafness, or aphonia, and severe phobic or obsessional symptoms. World War I with its thousands of cases of "shell shock" and the beginning of intensive study of the writings of Sigmund Freud came at approximately the same time; these were major factors in this broadening awareness.



Inclusion of the group of people suffering from psychoneurotic symptoms into the proper domain of psychiatry brought this medical specialty out of institutions or asylums and into private practice. It was a true Cinderella story, in which a profession which had been shunted to the basement (and this was literally as well as figuratively true) became a glamorous, popular, and successful medical specialty. This growth of interest in psychiatry has been phenomenal, and yet it is in its earliest infancy. Whereas it is still concerned with the psychoses and the psychoneuroses, its interest has further broadened to include what is known as the "character neuroses."

In this presentation of character neuroses the term "symptom" is used loosely to cover both the subjective experiences of the patient or sick individual and the objective manifestations which are apparent to others. The person displaying the symptom may have no recognition that he shows any evidence of illness. It is customary also to regard an illness, and therefore the symptoms which characterize it, as something temporary—as something different from the major portion of the person's life. Whereas there *are* psychiatric illnesses of this kind, the majority of psychiatric illnesses are in fact the totality of the neurotic person's life, and the symptoms his methods of living.

It might seem strange to call a character structure an illness, or to label as symptoms the details of the structure. Yet years ago the feet of Chinese baby girls of certain rank or status were bound. The children grew up having the symptoms—the pathological manifestations—of deformed feet. They would have felt strange without these earmarks of distinction. They were like character traits in that they were defenses against insecurity.

### Classifications of Character Types

There are many approaches to the study and classification of character types and their characteristic symptomatology. Early medicine described such types as the "choleric" and the "phlegmatic," which were seen as the natural products of body determinants. Modern approaches to classification may seem as crude a generation hence as

do the phlegm and bile determinants now. We are in a period of intensive study of personality which promises progress.

Perhaps the simplest (and least accurate) approaches divide people into two groups, such as the hypokinetic and the hyperkinetic, the mature and the immature, the dependent and the independent, the passive and the aggressive, the sadistic and the masochistic. Kretschmer also presented two main groups—the schizothymic (or introvert) and the cyclothymic (or extravert) groups. Many students of behavior look at people and their behavior in terms of Freudian “psychosexual levels” and see them as oral, anal, or genital characters. These are further broken down into oral receptive or oral aggressive characters, and anal retentive or anal sadistic (aggressive) types.

Horney has described three types of people who have characteristic symptomatology—namely, the type that moves toward people, those that move against people, and those that move away from people. Fromm has seen people in still another way. He divides them into those with a productive and those with a nonproductive orientation. The nonproductive ones he further classifies as those with a receptive orientation, those with an exploitative orientation, those with the hoarding orientation, and those with the marketing orientation. Each classification offered has been somewhat helpful in understanding the behavior of people, or at least in describing it.

Another approach to classification is through use of psychological tests, such as the Wechsler-Bellevue, the Rorschach, the Koh Block Design Test, the Thematic Apperception Test (TAT), the Sentence Completion Test, the Bender Gestalt Test, and the Minnesota Multiphasic Personality Inventory Test (MMPI), etc. The tests are not perfectly objective, since the interpersonal element enters the picture and may distort the results or conclusions and the skill of the tester is another variable, but they are helpful aids and tools. Conclusions regarding categories and diagnostic classifications are most accurately reached through a combination of test and clinical findings. If there is pressure of time the tests are especially helpful, since people reveal their patterns of behavior—their symptomatology—in the testing situation.

### The Hysterical Character

A major classification in the framework of psychological tests is the *hysterical character*. An outstanding characteristic of this group is the accessibility and lability of their emotional reactions; they react or over-react to stimuli. They may perceive or sense a great many details (in the tests), but apparently they do not have any great need to organize their perceptions into any whole or unitary pattern. Incompleteness and discrepancies are not disturbing. There is a predominance of conventional attitudes and strong moralistic convictions that are over and beyond reason or possibility, indicating lack of critical conceptual judgment. They may be of any level of intelligence but generally are not found among the higher I.Q. levels. Roy Schafer sees them as showing "a minimization of active and independent ideation as a means of coping with problems, a basic dependence on conventional percepts as guides to behavior, and blocking of thought processes when confronted with traumatic situations."<sup>3</sup>

Clinically, one finds them organized primarily in relation to shifting and changing external demands. There is minimal internalization of authority; they are easily influenced. Standards and convictions may be changed with some facility as the moment seems to require. In this they are highly adaptable. They are not too concerned about working out their own conclusions; rather, they jump to conclusions. In a treatment situation they seem to grasp with the greatest facility the dynamic implications under consideration and show considerable emotional response to this insight but drop the whole thing the moment they have left the doctor. In this manner they show their pattern of inadequate or loose integration. There is little tendency to self observation in a critical conceptual sense, particularly if left to themselves. Analytic thinking and synthesis are not their forte.

The orientation of this character structure is not toward truth as an absolute but rather toward making desired impressions, because

<sup>3</sup> Schafer, Roy, *The Clinical Application of Psychological Tests*, International Universities Press, New York, 1949.

moment-by-moment gratifications are commonly derived from interpersonal reactions. Convictions are generally supplied by the outside. There is good capacity for sensing the feelings of the outside person and great responsiveness to these feelings. Thus there is marked dependency on the external world for providing a sense of security.

These people may see nothing strange or dishonest about contradicting themselves from moment to moment, for they have few fixed convictions unrelated to the necessity for keeping themselves in the desired relation to the particular significant person of the moment. They may be easy to get along with, since their interpersonal pattern is more apt to be acquiescence than rebellion. They make excellent followers, since their use of critical conceptual judgment is minimal and they feel as convinced of the accuracy of their immediate reactions as though they were not borrowed. Modern advertizing methods might be expected to be effective with this type of character.

One might wonder what factors have operated to produce such a pattern. If there be any hereditary factor or any organic, neurological determinant, it is not recognized at this time. Little is known concerning specific environmental pressures, but one might postulate that they are products of families who also had this pattern, and that they acquired their patterns by imitating and by identification. These families may well have taken dependency and littleness for granted; they may have leaned regularly on external authority rather than having an habitual pattern of checking, crosschecking, and verifying through reality testing. They may well have had strong need for making desired impressions on "outsiders" or on authority figures.

Freudian psychoanalysis has perhaps been most effective in the treatment of the neurotic symptomatology of this group. Such dependency and susceptibility to external authority would preclude the use of any directive techniques. The use, therefore, of "free association," which is nondirective, suits their needs admirably. The process of arriving at any independent growth or self analysis and synthesis would require much time for these people. When faced with coming to independent conclusions rather than borrowing them,

the marked passivity of the analyst using the Freudian technique would achieve this purpose better than might any other technique. Much of the rationale of Freudian technique has its roots in practicality.

### The Obsessive-Compulsive Character

The second great group of people delineated by psychological tests is known as the *obsessive-compulsive characters*. In psychological testing they show up as methodical if not actually rigid. There is little impulsivity and often little imagination. Answers arise out of clearly perceived concepts, and the need to organize is far greater than in the hysterical character. Oftentimes this need to bring everything into a harmonious or related whole is so vast that the facts are distorted and the reasons and rationalizations given become pathetically labored or obviously ludicrous. Both the *modus operandi* and the material produced or verbalized tend to be controlled or measured. Schafer sees them as "pedantic, intellectualizing, rationalizing and doubting, and showing rigidity when casualness is more appropriate."<sup>4</sup> These people ordinarily have higher I.Q. levels than do the hysterical characters.

Clinically, they seem to be organized around an internalized authority which is stable and permanent to the point of rigidity. The dependency may be seen to be as great as that in the hysterical characters, but it has a constant point of reference which is internal rather than external. With the fixed frame of reference, or perhaps as the essence of it, is a strong conviction regarding a set of moral values, with everything put into the category of good or bad (right or wrong). There is strong emphasis on virtue, on "doing what is right," on being perfect. The determination of what is right does not tend to vary according to time or place or pressure but is constant and related to the internalized authority. One can depend on these people to operate consistently according to their own fixed convictions rather than as it might appear others want them to behave or feel. Everything they do or think must be weighed in the balance of their moral assumptions and must not be found wanting. They are people of

<sup>4</sup> Schafer, *op. cit.*

strong conviction and often of intensity of feeling. This combination makes them valuable allies and formidable enemies.

Their relations to people are often quite comfortable, but this is not the goal, as with the hysteric; it is merely a by-product, and of secondary concern. When there are interpersonal disturbances they are far more shattering and disturbing, because this character cannot so easily make self-modifications toward placating, since the original behavior was not impulsive but was "right." (The hysteric, on the other hand, having no such fixed convictions, can modify his position without guilt or even embarrassment.) When they feel insecure in their usual manner of behaving, they tend to be preoccupied with doubting and ruminative thinking. They have to be right, and they have to be sure, and they cannot afford to make any mistake, with the inevitable result that they cannot make up their minds at all. They can neither take a stand nor abandon the need to take a stand.

The obsessive-compulsive characters may in other cases be difficult to get along with due to the extreme lack of flexibility, although their codes are frequently in such close harmony with those of other members of their culture that little stress or conflict will be evident. Whereas their seriousness, solidity, and dependability without impulsivity help to make of them the backbone of society, a marked sense of virtue and concealed smugness, with ill-concealed contempt for all who do not see eye to eye with them, is apt to be concomitant to their rigidity and lack of impulsivity—traits that also tend to override any expression of spontaneous emotion. There is more trust in intellect than in emotion.

We may speculate that in general early environmental pressures were such as to give the feeling of constancy and dependability. The significant people tended to be reliable insofar as the child was able to detect. There was probably emphasis on fixed moral values rather than on making certain impressions, and probably also the day by day expectation that everything possible would be submitted for verification. There was probably minimal concern with the attitudes of other people or of "outsiders" and maximal concern with the internalized authority code. While dependency here seems to be on some abstract

standards and values, in the last analysis the dependency is actually on the specific significant people and on their assumptions in regard to values and modes of operating.

The usefulness of Freudian psychoanalytic technique in treating these people is questionable. "Free association" does not tend to be too effective. With this type of person there is not any special danger in too much "activity" or participation by the therapist, for the tendency to be influenced by outside pressure or opinion is minimal. Progress in treatment is often slow with other techniques, but once achieved it tends to be maintained because of the need to integrate details into wholes. Perhaps the most difficult aspect of change is involved with giving up the need for perfection.

### The Paranoid Character

A third common type of character structure is the *paranoid character*. Although these people have numerous features which resemble the obsessive-compulsive character and some, again, which are suggestive of "association deficit pathology" individuals, there are distinctive characteristics which warrant placing them in a separate category.

Psychological tests are helpful in identifying these people, especially if the tests are carried out adeptly and by testers who are alert to the total testing situation. Commonly they have a high to very high I.Q. They show a marked need to organize material into wholes and also a high degree of rigidity. There is a tendency to make broad or inclusive or sweeping statements, and then when pressed for clarification or for details to become guarded and evasive, i.e., defensive. With relation to perception of humans in the Rorschach test there tends to be marked distortion, and humans are seldom if ever seen in other than hostile or destructive roles. Again, in the TAT the quality of the responses indicates poor relationships with people in that there is no evidence of any real, warm, or helpful attitudes among them.

Perhaps the most suggestive detail is not in the test scores but in the manner of reacting to the testing situation and to the tester. They tend

to be critical of the tests, patronizing with regard to the tester, or suspicious and guarded. They may indicate they could go on indefinitely with responses if time permitted, but since it does not permit, they will be brief—yet the responses they do give are of mediocre quality, especially when compared with their expansive assertions. Not infrequently they may be able to goad the tester into a feeling of annoyance or defensiveness, particularly if he is not alert to the type of character he is dealing with or if he is not inclined to be self-effacing or self-devaluing. In other words, in the test situation as in the life situation, the chief difficulty is in the area of interpersonal relations.

Clinically, these people are above average in intelligence and overall capacity. They tend to lean heavily on intellect and logic. They often have a wide diversity of interests and competence, both intellectually and physically. The tendency to organize all new data and phenomena into the conceptual patterns which they hold is one of their outstanding traits. Everything must fit in and become an integral part of the central or the dominant assumptions which they hold. These assumptions commonly include the essential superiority or reliability of their own conclusions over those of others and their inability to stand any negative reactions to themselves or their opinions.

They seem to be hosts to two diametrically opposed self images: they are equally, grandiose and self devaluing. They can appraise, judge, criticize everyone and everything—feeling almost omnipotent—and at the same time they are so tender and delicate that they can tolerate no slightest breath of criticism of themselves or anything they identify with. They remind one of a hot-house plant which is very assertive but whose hardness is minimal. This tenderness is often displayed in feelings of persecution, for everything which is not of hot-house quality tenderness or protectiveness is regarded as hostile and persecutory.

Bonime, who has perhaps given the most lucid presentation of paranoid “consciousness,” sees their outstanding characteristics as a belief in their own uniqueness to the point where they feel they should



be immune from the disturbances which plague mankind, a tendency to manipulate people as though they existed merely as pawns for the benefit of themselves rather than as separate human entities with individual lives, the feeling of hostility generated in themselves and others as a result of the process of manipulation, and failure to link the true causative process with any given result.

A moment's reflection will show how ill equipped these people are to have comfortable relationships with people or to carry on in any productive fashion commensurate with their capacities. They have trouble accepting authority of any kind. Likewise, they cannot exert authority unless the persons over whom they have authority welcome their leadership or are willing to be cooperative. They cannot tolerate competition and rationalize their disinclination. Their tolerance for failure is minimal to absent. Their dual self image makes it difficult for them to proceed along one course or another, i.e., of carrying the load themselves or of permitting themselves to be carried. In a non-competitive and sheltered environment they can be quite productive and even creative, but their productions seldom reach the genius proportions one might anticipate from their endowments and capacities.

It is in the realm of human relations that they seem at their worst. People do not feel comfortable around them unless they accept the role of pupils or other categories in a general position of disadvantage with relation to them. They cannot deal with equals but only with inferiors. Even those on whom they themselves are dependent must be careful to show them proper respect and appreciation, for otherwise they feel irreparably injured or they develop feelings of persecution.

With people who are not in a protecting or reassuring role to them, they tend to be patronizing, belittling, or insulting; they set people straight, point out errors of the other person's work, thinking or assumptions, or in some other way put them in the place they belong—a position of disadvantage with relation to themselves. If, however,

the other person habitually elevates them, they regard that person highly.

Despite their total demeanor they are never aware that they have in any way participated in bringing about the negative reactions which they experience. They are rigid, self righteous, and hostile people. Often they are "hipped" or overinvolved with some special area of interest, and increasingly their lives revolve around this focal point. It may be "health" or "foods" or "the underdog" or "money" or "religion" or any conceivable "ism," but whatever it be, preoccupation with it makes of them boors or cranks who are shunned by others, for no matter what the topic under consideration it is invariably turned to their special area of interest.

There is the element of the "fixed idea" which is prominent in the paranoid structure. Ordinarily, one associates ideas of persecution with the term "paranoid." This may not at first be obvious, since they are often interesting, attractive, and intelligent, and sometimes the fixed idea is that they are acceptable and liked despite ample evidence to the contrary. Whereas it would take the average person only a little time to sense rejection, for this particular kind of paranoid ideation, with his fixed idea of personal acceptability, it requires much more experience before rejection registers. The "fixed idea" combined with some degree of capacity for social relationship tends to produce the zealot in behalf of his conviction.

The factors which produce such personalities are not clearly established. Here again, there seem to be factors in early development which have promoted a dual self image. In one man, while both parents were equally "strong" or significant, the mother regarded him practically as heavensent, brilliant, competent, wonderful—while the father had no time for or patience with him. In another case both parents belittled and rejected the patient, but life's experiences from the beginning led him to an awareness of being superior to father, who represented himself essentially as a successful competitor to God. In another case, that of a woman, the mother thought very highly of her every quality, while the father was apparently oblivious of her.

In instance after instance one finds the person to be intellectually superior to the parent who was belittling and devaluing. This might account, at least in part, for the dual self image, i.e., superior to God (the parent) and also of minimal value by reason of acceptance of that same parent's devaluing appraisal of him.

Whereas treatment of the paranoid individual is painfully discouraging, it is not hopeless, particularly if the person is not yet middle aged, and if there has been sufficient decompensation so that he is convinced of the need for arriving at some better solutions in living than he has hitherto devised. It is also clear that this type of character is more vulnerable to stress and to decompensation than others, for there is nothing about his usual patterns of operation which is built on realistic assumptions about himself or other people.

### Association Deficit Pathology

A fourth type of character organization, "*association deficit pathology*," has already been presented, but bears repetition, particularly in any consideration of the use of psychological testing. It also requires emphasis because it has not been appreciably recognized either by Psychology or by Psychiatry, yet it possibly involves large numbers of people. The name assigned to the syndrome by the author is only tentative but seems descriptive both of its anatomical and its psychological pathology. It differs in many ways from the organic brain pathology cases which have been described for many years by neurologists and psychologists, because these have been describing the symptomatology resulting from brain disturbances occurring *after* character structuralization.

As the syndrome is more widely recognized, increasingly precise psychological tests will be devised to assist in diagnosis. However, even with such tests as are currently used, the diagnosis is not too difficult. These tests show that they are average to very superior in their over-all I.Q. scores but there is a wide scattering in sub-test scores. Tests depending on memory are high, while tests involving unlearned or unstructured material are relatively low (for them). Verbalization

is commonly better than performance. Thought processes tend to be concrete rather than abstract. Capacity for perceiving details is high while capacity for integrating details into wholes is poor. Eye-hand coordination tests show poor results. In Koh's Block Design test there is great inadequacy as compared with intellectual level. Poor human conceptualization is shown in the Draw-a-Person test. As with organics in general, there is a tendency to perseveration or inability to shift (stickiness), wherein there is a carryover of previous reactions out of context with new situations. Assignment of values is poor—often described as “disturbance in figure and ground (background) perception.” Poor perception and judgment are shown in testing situations involving rather ordinary social know-how or awareness. Imaginative and creative capacities are never commensurate with over-all I.Q. Lack of perspective includes both visual perceptions and general concept formation. It is the combination of test results rather than single tests, which is important, and it is the relative rather than the absolute performance which is suggestive. In other words, a person with this capacity would be expected to produce a better level of performance.

Clinically, the symptom-picture varies from individual to individual and with the time of life at which each is seen. The differences are determined by the extent of the damage, basic (pre-damage) intellectual level or capacity, and previous environmental experiences. Despite this variation it is possible to become “sensitized” or alert to the “association deficit pathology” personality to the point where the affliction may be suspected in a single interview or even through the description given by a parent or a spouse, but no diagnosis can be properly made without psychological testing. It is also important to remember that neither neurological nor electroencephalographic examinations are consistently helpful; one must rely on clinical findings and psychological tests for diagnosis.

History of possible causative situation must always be looked for, with awareness that cerebral anoxia may be produced by a multiplicity of factors. Recognition by the mother or other members of the family

that they have always been somehow "different" is often present. Misjudging distances, tripping or falling easily, or bumping into or spilling things frequently occurs. Tying shoestrings or learning to arrange clothing so as to get it on or fold it or hang it up may be most difficult. They do not spontaneously "see" how things are done and one must not only demonstrate repeatedly but help them through the actual movements. Verbal directions do not suffice.

They acquire the ability to copy with a pencil late, and they tend to repeat the same "artistic performance" endlessly. Their visual acuity is often superior but they are clumsy or helpless when trying to reproduce what they see. They repeat the same activities endlessly, and when a stimulus is received they respond automatically with certain patterns of behavior despite strenuous efforts to curb them. Such repetitive or perseverative patterns are often mistaken for neurotic obsessional behavior. They are creatures of habit; making changes does not seem to occur to them. Whereas it is difficult to get or hold their attention, once the stimulus has caught them it seems almost impossible for them to "let go."

Lack of perspective and poor integrative capacity produce disturbance in their capacity for reasoning and using judgment. Appraisal of what needs to be done, or what is more important and less important, or how fast to operate given a time limit, are impaired. Planning is defective. When a person cannot discriminate in this area, he must, necessarily, be hampered in every detail of his life, for it is this discriminatory sense which gives meaning and significance to everything which is characteristically human. In childhood it is seen as impulsivity or stubbornness; in adults it is interpreted as "immature behavior." They are accused of having "poor judgment" when in fact they are not using judgment at all.

Memory is commonly used as a compensatory mechanism for defective judgment. They do not easily put two and two together without being shown, so one cannot place them in new situations and expect previous related experience to assist them in solving the new problems. As would be anticipated, imaginative capacity is limited.

Their inadequacies in the area of critical conceptual thinking makes it difficult for them to appraise both external situations and themselves. They do not tend to make comparisons between their own behavior and that of others and so do not grasp how or in what respects they differ from other people.

Their emotional responses are different. Early, they tend to make contact with people in terms of their perseverative patterns—noting specific details about people rather than noting the people themselves. They tend to “move toward” people, but never make real contact. Time and again they may initiate relationships only to be left by the way. Their friends tend to be of their own type—shallow and without much content. They have less and less to do with people who might be assumed to be of their own peer group. More adequately endowed people tire of the sterile relationship.

This lack in perspective, in capacity for integration, and in dealing with abstract concepts makes almost everything people say and do at least partially meaningless to them. In order not to be left out they often monopolize the conversation, for in so doing they are spared the sense of not being able to grasp or to follow; or they fail to participate at all, especially in unfamiliar areas.

Because of their defective capacity for empathy, identification with others is hampered. The result is delay in establishing such human emotions as pity, sadness, guilt, shame, pride, concern, cooperation, or responsibility. Lack in these areas is a serious handicap when it comes to discipline and training, as well as to a sense of togetherness with people. These children require a much firmer hand than most children, since one cannot trust either their feelings or their judgment to lead them into socially acceptable patterns.

Marriage partners who have never suspected prior to marriage that anything was amiss feel especially confused. The partners complain of their spouses' failing to assume the responsibilities of leadership, of using poor judgment in the simplest situations, of inept behavior through lack of social know-how or through reacting to a fragment rather than the whole of a situation. Human relationships are poor

and tend to be dependent and rigid. What seems to others like the most obvious details of interpersonal relations have to be explained. Sexual disturbances are common, for there is a tendency to fixation on earlier developmental sexual patterns such as masturbation or homosexuality, with resulting incapacities to adapt—at least emotionally—to the requirements of marriage.

There is an excessive persistence of feelings with regard to registered stimuli. If the initial impact is associated with some particular feeling, that feeling reappears with every subsequent reappearance of the stimulus, even though there is no occasion for it. Their many deficiencies make adaptation to new situations especially difficult, and they are thus particularly vulnerable to stress, as well as prone to have any or all of the symptoms of decompensation if the stress is too great. It was Goldstein who described the stress responses of organically injured people as “catastrophic reaction.” These people, like the paranoid characters, have especial reasons for finding life difficult.

Children with such difficulties need more than the innate push and drive of life toward completeness to move them on from infancy to maturity. They need endless taking by the hand into new life situations. They do not need psychotherapy so much as they need education and leadership. Endless patience is required, for it is a lifelong problem, but insights may be added, new patterns may be developed, and though they are always behind schedule, they pass in large measure for normal people. Even though they are especially vulnerable to stress, they tend to constitute a greater problem to other people than they do to themselves.

### The Psychopathic Personality

Psychological tests are also helpful in recognizing another type of character organization, that one known as the *psychopathic personality*. Other names applied to this type are Sociopathic Personality, Constitutional Psychopathic Inferiority or C.P.I. The test findings commonly indicate average or normal intelligence, with an I.Q. range of 100 to 110, with a non-verbal I.Q. up to 120. They show marked

impulsivity, and human behavior perceptions tend to be in the direction of hostility and aggressiveness, and they are without guilt.

Clinically, they are described variously by different authorities. There are those who contend that it is a "wastebasket classification" comprised of all those people who are nonacceptable to the psychiatrist as patients or those whom the psychiatrist regards as untreatable. Perhaps both these characteristics, nonacceptability by reason of arousing personal antipathy and nontreatability, are the salient characteristics of the group.

Psychopaths have a lifelong history of maladjustment of a specific variety. They seldom show symptoms of stress in the form of personal discomfort, but they are always making society or individual members of society uncomfortable. Perhaps for this reason they seldom get into or stay in treatment; they have such minimal discomfort that they do not have any real motivation for seeking to be "cured" of their disability. One finds them much more frequently in the hands of the law.

One of the reasons why they are so irritating or disconcerting is that there is no apparent or obvious reason for their behavior, and therefore the unsuspecting psychiatrist who unwittingly gets one as a patient tackles the problem of "cure" in the usual spirit of optimism. Then, suddenly, he finds himself treated exactly as the rest of society has been treated, and he may have a sense of outrage or of being let down or denied his entitlements. We may see in the reaction of the psychiatrist an example of projection, wherein he expects the kind of behavior he, himself, would have used in a like circumstance, and of function being disrupted (with resentment) by the unexpected behavior of the patient.

C.P.I. personalities have no stigmata of defect, but they are described as "moral imbeciles." They have none of the socially acceptable virtues such as gratitude, loyalty, honesty, perseverance, or guilt. They commonly go through the proper motions, which make people attribute these emotions to them, but the emotions are bogus, or at least they are so short lived that they are not incentives for sustained action.



This personality reminds one of the alcoholic in that his promises are worthless and the only thing that matters is his own momentary impulse.

It is said of C.P.I. personalities that they do not learn from experience. They may be subjected to severe punishment of any type, but the memory of the penalty does not deter them from repeating the offense. Rewards are likewise useless. They have no loyalties that are more than superficial. One may expect them to be predatory and to take advantage of people who try to befriend them. They are essentially lone wolves because of their lack of loyalty, yet they give the superficial impression of being quite socially oriented.

While they are regarded as hostile, antisocial, or rebellious individuals, this is not quite factual. Rarely, if ever, do they engage in antisocial behavior in a spirit of spitefulness, revenge, or resentment. People get hurt by their actions but this is not the motivating factor; it is only a by-product. They do not carry grudges or try to "get even." It just happens that people standing in the way of their acting on momentary impulses frequently get knocked down. They may even have momentary regret but not sufficient to deter them. Truly hostile characters are of a different sort.

Not infrequently they land in jail, but they often make such good impressions that new chances for socially acceptable behavior are given them, which they cannot sustain even though there is threat of punishment hanging over them. Their work records are poor; they have no sustained friendships, and those with whom they consort usually get hurt. They cannot plan realistically.

Some believe their social and emotional defect is the product of adverse interpersonal experiences in their formative period, e.g., of a stern, harsh, cruel father, and an overfond, overprotective mother, or of early cruelty and rejection by both parents. There are probably many more authorities who see the defect as a congenital trait, the product of organic neurological structure. John Chornyak, working with juvenile delinquents in Pittsburgh back in the early 1930's, was one of the first to stress that this personality is the product of organic

brain pathology, and he sustained his belief through use of psychological tests. Further suggestive evidence of an organic basis is found in study of lobotomized patients.

Whereas environmental influences undoubtedly have some weight, these people will be found to be essentially of the same group as the "association deficit pathology" characters. There is no trait shown in psychopaths which is not potentially present in the "association deficit pathology" group. If these same traits are not understood and dealt with through patience and establishment of socially acceptable habits, the development of psychopathic traits might well be anticipated. It is not difficult to understand why such a handicap would elicit over-protectiveness from one parent and harshness from the other.

### The Schizoid Character

A final type of character organization which is fairly clearly delineated through psychological tests is the *schizoid character*. The outstanding features of this type are best revealed in the handling of test material relating to feelings and to interpersonal relationships. In these the schizoid shows an over-all withdrawal and an inability to stand close personal attachments. Human relationships are regarded as rather fragile. There is general lack of warmth, as well as a superficial blandness or glossing-over tendency when dealing with material which ordinarily is charged with feeling.

Concept formations show a certain "loosening," as though hard, concrete facts must be dealt with on a symbolic rather than an actual level. There is difficulty in dealing with sexual material; it bothers this personality and he tries to shove it away, but it tends to intrude itself in an uncomfortable manner. General intelligence may be average to very high.

Clinically, schizoid people are hard to get acquainted with. They tend not to talk about their really important difficulties. There seems to be a wall or barrier which stands between them and other people. This wall is not seen as defensiveness by others but rather as an inability to "get to" the schizoid type. They seldom make any com-

plaints about their isolation from people—their most important symptom—because they have never known anything else and therefore take it for granted.

They are not given to expressing strong feelings, and it may even appear that they do not have any. Their preoccupations and involvements often seem to be with abstract concepts rather than with concrete facts and real people. They are not aggressive or demanding, and they never are involved with shoving people around. If one goes looking for them, he will commonly find them in the background rather than in the thick of things, or they may have escaped entirely and taken refuge in books, in nature, in contemplation, or in daydreaming.

It has been customary to think of a schizoid person as being “next door” to the symptomatology which is known as schizophrenia. This is not factual, nor is it any more pathologic to have a schizoid makeup than to have an obsessive-compulsive one. It is merely a way of living. If decompensation occurs in a schizoid person, the symptom picture produced is known as schizophrenia, but each character type may also decompensate or give evidence of experiencing more stress than he can bear, and the symptomatology so produced is related to the nature of the basic character organization rather than to the nature or type of the stress.

When dealing with the decompensation symptoms of people, it is helpful to think in terms of the level or degree of their customary integration with the world around them. In the beginning a person has no psyche. He is concerned only with his physical comfort and freedom from tension. There is nothing he must do or feels called on to do in order to live with others. This is the prototype of the first level of organization. People may maintain essentially this same level of detachment from interpersonal reality, or they may retreat to this level under stress; if it occurs in adult life it is known as Simple Schizophrenia.

The second stage of psychological organization is reached when the child has mastered the concept that something is required of him by

society, but it is not yet clear what is demanded or what are the techniques to be used for mollifying this outer interpersonal world. He has moved to the point where he can feel stress with relation to other people over and beyond merely sensing that the other person is present or in a state of tension. The situation now calls for something he is supposed to do with respect to the other person, but, except where previous experience has educated him, he feels helpless.

Children at this stage of development can operate fairly comfortably in a familiar setting, but expose them to a strange interpersonal environment, such as "having company" or "visiting," and they become boisterous or silly or do many bizarre things or become exhibitionistic or even assaultive. They may also become very quiet and shy. Their behavior is saying that they now recognize there is something they are supposed to do in relation to people, something is expected of them, but they have not the faintest idea what it might be, so they feel stress, and are relieving it either by hyperkinetic (overactive) or by hypokinetic (underactive) behavior. When adults feel stress and revert to this level of psychologic organization behavior, we call the symptomatology Hebephrenic, or Catatonic Schizophrenia.

A third level of organization has been established when the child not only recognizes that society makes demands, but that he has within his power the means for satisfying these demands. Ordinarily, the demands are met by "being good" or by "being bright" or by "being strong"—or, in effect, being perfect in some way. Whatever value system has been established by experience will form the assumptions in regard to required behavior, and it varies from person to person. At this level the psyche is well established, and integration with the world about has been accomplished, at least to a considerable extent. Part of the difficulty lies in the fact that the assumptions were established out of context with reality, and when the real life situations present themselves, the assumptions are not in harmony. This is what takes place, e.g., in the area of sexuality, where assumptions which have been incorporated long before sexual pressures and drives are prominent, then do not meet the test of reality later.

Why some people can achieve one level of integration with society and others another level is not clear. There are those who believe it is entirely due to physical factors (including intellectual) and others who feel it can be explained on the basis of psychodynamic or interpersonal experiences. The final answer is for the future, but the answer, or an approximation to it, will determine the approach to some of the most basic and most extensive problems with which Psychiatry deals.

The chronic symptomatology of any person is the pattern of his life. His character neurosis is coextensive with himself. Most people would feel terrified at losing their "symptomatology," for they regard it as themselves. The process of analytic therapy is the business of helping an individual to separate his symptomatology from his true self, however underdeveloped that may be, and to start on the road to self actualization.

# CHAPTER 10

## Bondage and Freedom

WHEREAS psychological tests are helpful in pointing up many types of character organization, there are many traits which are not ordinarily considered to be diagnostic classifications. *Hostile characters* are of this nature, since hostility may cut across any of the other groups.

### Character Traits

"Hostility" is a broad term and includes a number of different feelings which might better be more accurately identified if one would think more precisely. The term properly refers to a chronic emotional state such as one sees as a character trait, and it should always be differentiated from such emotions as rage and resentment which tend to be more acute and more temporary. Rage, we have seen, derives from sensed helplessness, and resentment arises as a result of frustrated entitlement.

### The Roots of Hostility

Hostile people have acquired their readiness for attack and their disposition to regard others as enemies in one of two ways: (1) They have taken on hostility as a character trait through identification with a significant person who was hostile; or (2) They acquire this character trait as a result of their own personal experiences earlier in life.

In some families, any tender feelings toward "outsiders," or to large segments of the population—e.g., the Russians, the Germans, the Irish, the Jews, colored people, white people, Protestants, Catholics,

Communists, the "working class," men, women, people with wealth, power, status, or leisure—would be regarded as weakness and would call forth some form of abuse. There is no personal contact or experience with the thing to be hated; experience is minimal or vicarious or by way of legend. Many are taught to be hostile because they are what they are, and their survival is predicated on maintenance of hostility. Thus, hostility as a character trait may be regarded as a defense mechanism, a virtue, and a point of honor and pride which often is passed on from one generation to the next.

The second source of hostility in these people is their own experiences in infancy and early childhood, wherein there was chronic frustration, helplessness, or ungratified dependency needs, so that there was left a permanent attitude of mistrust. When they have learned through experience that people are untrustworthy or harmful or destructive but have learned it without the help of word symbols, their assumption is unconscious and permeates their total behavior without their knowledge. People go through life hating women, hating men, hating this, or hating that—and never have the slightest idea that they are carrying their past with them rather than behaving realistically in relation to the present.

If a life situation has caused the child to learn that he was non-acceptable, it would tend to produce a hostile character, particularly if there were no acceptable compensatory traits. To be nonacceptable is to be defensive and to have a chip on one's shoulder. It may produce the tendency to cut people down to size—always finding something to criticize or ridicule.

### **Types of Hostility**

There are various behavior patterns developed which are dependent on the combination of factors present. One type would result from a combination of hostile feelings and a sense of littleness or inadequacy; another would develop from hostility combined with a sense of strength and independence. If the person is hostile but at the same time feels little, he will tend to give lip service and go through

the motions of acquiescence and of placating the ones on whom he depends, but will express his hostility in subtle, indirect ways which often are not recognized even by himself. Such people seem incapable of truly cooperative, kindly behavior. In order to get what appears to be cooperation from them, the one on whom they feel they are dependent must, in effect, keep his foot on their neck. These are the people who are subservient to all to whom they attribute strength or power but are capable of great but subtle display of hostility when dealing with others in a position of disadvantage. Their dependency feelings commonly take precedence over their hostile feelings, and maintenance of the dependency relation becomes the goal in living.

In those people who not only have a basically hostile feeling toward others but who also have some feeling of strength (or at least have a neurotic need to deny any weakness or dependency), one finds more open, antisocial patterns of behavior. At times one finds a kind of triumphant defiance (with apparent acquiescence) of the one who might logically command their acquiescence. They often obey to the letter, do precisely what has been asked or required, and in so doing actually prove the one in a position of power or authority to be a fool. Some people actually destroy themselves in order to prove another person wrong. In destroying themselves they express their supreme hostility at the same time they prove themselves right.

Rebellious characters are of the hostile variety. They never have themselves or their own welfare or interest or fulfillment in mind. They never achieve any semblance of healthy self centeredness but compulsively react against others. They always *have* to be different or to take the opposite viewpoint or to disregard advice or suggestions. They never get satisfaction out of achievement except as it goes contrary to someone or proves somebody wrong. These people never achieve true independence, for they are always dependent on someone outside themselves to give them their cue for behavior.

Some hostile people are organized so as to capitalize on their real or assumed inadequacies, and some so as to capitalize on their strengths. Sometimes it is hard to tell which is stronger, strength or weakness. Certainly, in our culture at least, where the demands of the



weak commonly take priority over the demands of the strong, weakness and inadequacy have a fairly good chance of winning the prize. Perhaps it is true that the meek shall inherit the earth.

Weakness and meekness are, however, by no means synonymous, for one commonly finds that the weaker and the more inadequate a person conceives himself to be, the more aggressive he is in making demands. Some of the least aggressive people are the most effective in controlling others. An example of this is the quiet, self effacing, self-sacrificing mother, who apparently demands nothing but makes her children feel guilty if they do not "pay toll" to her in perpetuity. All their lives they feel the necessity to "make up" to her for her unhappy lot.

### The Roots of Self Destructive Drives

Freudians speak frequently of the *masochistic character* who is said to take pleasure in having pain inflicted on him. According to Freudian interpretation, this pleasure has acquired an erotic aspect, so that there is erotic or sexual pleasure, either conscious or unconscious, associated with it. The pain which is enjoyed may be inflicted by themselves but is more commonly inflicted by others. It may be of any degree of intensity or destructiveness, so that a masochistic person is also commonly regarded as a self destructive person in the sense that he welcomes injury to himself.

Whereas the emphasis, according to this interpretation, is usually placed on the derived pleasure, and there is the tacit assumption that the person is motivated to do what he does out of the pleasure derived from self destruction or some degree of suicide, it is the author's impression that this explanation is fallacious. People do engage in all manner of self destructive behavior, from daredevil stunts to failing in business; from making doormats of themselves to having repeated surgical procedures; from courting social ostracism to engaging in some aspect of martyrdom. It is plain to be seen that they are, in fact, destroying themselves, but this is merely an accidental by-product rather than the goal.

No one can so easily contradict a fundamental principle of life,

the will to live. Invariably one finds that such people are maintaining some value, some specific psychic structure, some assumption in regard to what is right and what is wrong or what is right or wrong to do. To be sure, there is a certain pleasure, but the pleasure derives from preservation of the psychological self or keeping the self image intact rather than from achieving pain or self destruction. It represents a primary identification with psyche rather than with soma or body. To those who stand on the outside and do not comprehend their symbolic language, it may appear that they are enjoying pain and self destruction, but they are merely glad they can tolerate the pain sufficiently to be able to keep the important value intact.

In comprehending any person who is considered masochistic, it obviously is important to understand his value system and his symbolic language, for in symbolic language he is saying that his value system must be preserved at all costs. His need is to preserve his defenses. If he has achieved security through passivity, through self abnegation, through taking some sort of punishment, then these are the values that must be maintained. It matters not at all whether other people regard the behavior as commendable, unrealistic, or stupid, because for the individual involved it is a *must*.

There are many who regard such "masochistic" behavior as an evidence of a sense of guilt, and for this reason punishment and destruction are welcome because they signify atonement for guilt. This is an erroneous interpretation, for in the vast majority of people the "*masochistic*" behavior is motivated not by a sense of guilt but rather the desire to keep free from guilt. To assert themselves and to throw off the yoke of self-penalizing behavior would cause them to feel guilt because they would have thereby violated their moral code.

Aggressiveness is not necessarily a hostile type of behavior and passivity may be extremely hostile. In the broad sense we may look at the process of life itself as a form of aggression, an assertion of oneself. Innate in man is a certain aggressiveness, a reaching out or a reactivity or exploration potential which may result in destruction of an object, but the destruction is a by-product rather than the goal—e.g.,

there is no feeling of hostility on the part of a child who, in reaching for a bright object, inadvertently destroys it in the process of getting hold of it. Much has been made of the hostility and destructive aggressiveness of the surgeons or the dentists. Whereas these feelings may be present in some individuals in these professions, it seems nonsensical to assume that these are the dominant feelings symbolized in these activities.

Martyrdom is not an expression of the will to die or of guilt feelings with consequent need for punishment or of hostility turned inward, as Freudian theory would say. There are some who die because they have introjected or symbolically incorporated a hated object or person they wish to destroy, but these are not the martyrs or the ones who die for a cause.

### Dependency and Behavior Patterns

It is difficult to say whether *dependency* is a greater problem to the ones who are dependent or to the ones on whom the dependent ones lean. The one has to deserve to demand, and the other has to respond. The mores of our culture make us value strength, adequacy, and independence highly, even while as much or more emphasis is placed on caring for the weak, the helpless, the inadequate, and the dependent. This tends to make a curious dichotomy in our thinking, for each state, dependency and adequacy, is associated with special conceptual entitlements. The strong, adequate person is entitled to regard, respect, appreciation, opportunity, status, and material reward by reason of his ability to carry a load; the dependent person is entitled to attention, material reward, special opportunity, consideration, and assistance by virtue of his helplessness.

People tend to identify with one or the other pattern—with the strong ones or with the inadequate ones. The identification chosen is seldom realistic except in part. People assume roles based on their self images and then expect others to treat them as they see themselves. There is perhaps no area which occasions stronger feelings than this one.

To someone with a self image of adequacy it is a traumatic experience to be in a dependent state. There may be guilt, with attempts to hide his plight from others; or there may be depression, which represents a helpless rage at circumstances which apparently cannot be changed; there may be great preoccupation with inconsequential activities which are made to appear as of major importance. For this person, asking for or receiving assistance is abhorrent. He may resent any suggestion that he needs help or that something is too strenuous for him. The disabilities commonly accompanying old age are often especially hard to bear, so that falsifications are frequent in the effort to cover up memory failures or other lapses.

One old lady, in her need to maintain her self image of adequacy despite the infirmities associated with being ninety-three years old, could not accept the statements of those around her with reference to time and the passage of time. She insisted that God was doing remarkable things in these times—altering the course or the speed of the heavenly bodies, making days or nights shorter or longer at will, or eliminating days or nights entirely. She would rather deal with miracles and doubt the veracity of those around her than doubt her own adequacy.

For the personality who has never had a self image of adequacy, dependency has a different meaning. If inadequacy is not "wrong" there is no need to hide defects or to flinch from accepting help. This personality type may quite openly use real or fancied helplessness as a device for justifying demands, and not uncommonly there is considerable hostility toward the ones on whom he feels dependent. Seldom does this person feel he is receiving as much as he is entitled to, and he uses his inadequacies as a club over the heads of those about him. Many married couples have never dared try to make a life for themselves which did not include primary attention to the feelings of dependent parents. Dependency feelings breed incessant demands.

Dependency feelings and resentment go hand in hand in our culture. It is rare to find any dependent relationship that is free from it, particularly if the dependency is unrealistic or if it is maintained

through some form of coercion. The coercion is usually enforced through the value system. The assistance is insufficient in quantity or quality; it does not come soon enough, or is given with the wrong attitude; or there is hostility because it is the other person rather than oneself that has the strength. Likewise, the one who gives the assistance has resentment because of lack of appreciation. It is a thankless business.

Dependency feelings do not apply only to those who require physical or economic help. In fact, these constitute the smallest group, and in considerable measure their dependency may be more realistic than the dependencies which reveal themselves in other ways. There is the unrealistic dependency of people who can never form an opinion or come to a conclusion without external assistance; they must always have someone to back them up or to agree with them; or their opinions reflect the latest trend in popular attitudes.

Again, one sees the dependency of people through the strong feelings they have whenever that which they feel dependent upon fails them or frustrates their sense of entitlement to support. This is a common cause of the bickerings that occur in marriage; each one feels he cannot stand on his own and must therefore have the appropriate behavior from the other in order to feel secure. Parents fly into rages at their children for failing to inflate them or for making them appear as "poor parents" in the eyes of others. The children are made to feel that it is they rather than the parents who are inadequate. This is the prototype of what happens generally: the inadequacy of the dependent one is overlooked, and attention is concentrated on the failure of the supportive one to measure up to the demands.

Any time one feels rage of any degree one is feeling helpless because that on which one depends has or is about to fail him. Such feelings call for pausing a moment and asking whether the dependency feeling being expressed through his rage is warranted by realistic considerations or whether it is not a neurotic assumption of inadequacy.

People who are afraid of punishing behavior from others in response to a disclosure of inadequacy are living out childhood assumptions

with regard to their significant people. They learned, as a result of early experiences, that people would be intolerant of any of their inadequacies; they continue to assume that the same is true in the present.

We need to learn that society has many patterns of reaction to inadequacy. People may help us do what needs to be done; they may be so preoccupied with their own problems that they are 'totally unaware of us and so our shabby and inadequate performance goes unnoticed. They may see our "slip" showing but have tolerance or forgiveness because they have some measure of understanding; they may see our inadequacy and regard it as of trifling consequence; they may jump to the conclusion that it is they who have erred through asking or expecting too much. If they are disturbed about our inadequacy, commonly they have depended on our adequacy of performance to counterbalance their own inadequacy.

### **The Self as Center**

To find a person who has his center in himself is rare, indeed. This is merely another way of saying that everyone is dependent, for if one's life is determined or directed not by considerations for one's own welfare but in relation to the feelings of someone outside himself, then one will of necessity be dependent on that outside person. Whether it be having to please somebody or having to make some desired impression on somebody or having to defy or thwart or lean on somebody or prove something to somebody, one is to that extent dependent and alienated from realistic living.

People feel guilty at the thought of placing their center in themselves. "That would be selfish!" or "That would be self centered!" And so, in order to keep from feeling guilt, people continue to live confused, resentful, and unfulfilled lives. They live with the false assumption that their own best interests are opposite to the best interests of society. But realistically, no one can lose unrealistic dependency without increasing the welfare of the broader society. The conflict arises out of the confusion of realistic welfare with

gratification of neurotic felt needs. It is not always easy to determine accurately what one's true welfare is, but a long step will have been taken toward finding out when one grasps the concept of real needs and neurotic or felt needs and tries honestly to come to a conclusion.

Usually one finds one person neurotically trying to gratify the neurotic needs of another person. So long as neurotic drive is a part of the picture, no one's true welfare is being served or considered and the whole process is futile. Neurotic needs are insatiable—a bottomless pit—a hell that answers a well-known description.

Most people who "have to" make certain impressions are convinced that those whom they are trying to impress are actually impressed. They seem not to be aware that everyone else is so busy being concerned about himself that there is little attention left to give to someone else. There was a rather touching but illustrative story told by a patient which almost too graphically illustrates this fact.

A young law student worked incessantly to get top grades, to the point where he was almost worn out. When asked why it was so important to do this, he seemed surprised at the question. Pressed to say who would care what his grades were, he said, "Everybody would care." When pinned down as to the identities of "everybody," he settled for "those whom he had known as he grew up." More specific questioning finally narrowed it to his family—a mother and four brothers. He felt sure they were interested.

After his bar exams were passed, he and his wife decided to take a hasty vacation trip to see two of his brothers in California whom they had not visited for a long time. They arrived at the first brother's home at nightfall. On ringing the doorbell they were greeted with open arms and much enthusiasm. Without any preliminaries they were ushered into the TV room, because "they were just in time to see a wonderful show," and there in the dark they sat the rest of the evening. The next morning brother had to go to work—and the young couple resumed their journey without having had any "heart to heart talk."

The next evening they arrived at the home of the second brother, but this time only the sister-in-law greeted them at the door, because brother had had a hard day at work; he was tired out and had gone to bed, but she felt sure he would want to take the guest along with him to his work

at the racing stable early in the morning. The young lawyer looked forward eagerly to the next day when he and his brother could spend the hours together catching up on all the news of one another.

Out at the stable the brother kept up a steady flow of chatter—about this horse, that race, or that jockey—as he went about his duties. About noon he said he would like to “knock off work” a little early and take his brother for a ride to see some of the sights. The guest was not anxious for more sightseeing, but he welcomed the probable respite from horse-talk and hoped it would mean a personal visit. But the day wore on—two o'clock, three o'clock, three-thirty—and he wondered when they would get started. Finally, the race horse the brother was caring for had a bowel movement; the brother carefully cleaned the droppings from the stall and said, “Now, I guess we can go,” but when he noticed the time he decided it was getting too late for the trip. Instead, they headed for home, where the young guests packed their bags and started on their way.

Perfectionistic tendencies, strangely, are an aspect of dependency. Most people do not think of themselves as perfectionistic; they see the patterns only in others. Their own activities are regarded as reasonable and realistic. They tend to deal only with “blacks and whites;” no shades of gray are seen. Failure is anything short of spectacular success; a dirty house is anything short of surgical spotlessness; idleness is anything short of incessant work; guilt is anything that is not “perfect.”

Whenever one encounters a person's “have to” feelings, there one finds an aspect of perfectionism. Whatever one feels dependent on is necessarily a subjective “must”—a defense against insecurity. Perfectionism is thus part and parcel of psychic structure. It is always unrealistic and neurotic and implies that one is dependent on this detail to “get him by.” Commonly a dependency on some previous authority-figure is also a part of the symbolic behavior; this authority-figure maintains his unchallenged domination, and it is necessary to get his approval through perpetual obeisance—even though he be dead or no longer either interested or of the same opinion.

Whenever one strives to be beyond “blame” or any show of in-



adequacy, he is not realistically oriented. Likewise, to strive to be "perfect" implies that one knows what perfection is. The only concept one can have of "perfection" must have come through the opinion of an authority figure. To accept such a concept is to express dependency.

### Neurotic Independence

To make independence one's goal is equally futile and unrealistic, because man not only is basically dependent and full of inadequacies, but he needs other people to complete himself. While the sense of "must" or "have to" is always a sign that an irrational component is involved, liking or desiring to but being able to forego with minimal or temporary discomfort is a healthy sign. Even in this latter situation, there is the possibility of the existence of a neurotic pattern. One may rationalize; he may use the "sour grapes approach;" he may *have to* "not need" or "not want" or "not be disappointed" or "not try."

There is nothing that one may *try* to be and therefore become. To try to be anything—brave, tolerant, patient, loving, kind, etc.—merely confuses the issue and presents a facade or a sham for the real thing. One is merely what he is, and trying to be something else does not change him. It is not unusual for people to live their lives and never discover what they are; they are trying so hard to be some predetermined something. "Can a man, by taking heed thereto, add a cubit to his stature?" If one can let himself be—without trying to be—unconsciously and without effort, he frees himself and his energies to become and to grow and to develop, just as the baby grows and develops without forethought.

In the last analysis, there is a large measure of dependency in most of our independence. The over-all mores of our culture emphasize and reward independence, but we express our dependence on that culture by complying and by equating strength and independence with moral good or right. Those who live in this fashion are really as dependent as are those others whose immediate significant people demanded not strength but weakness, and who in their need to comply became dependent in a more obvious fashion. Likewise, whenever we attribute a

moral value to a pattern of behavior, we are proclaiming our dependence on some extraneous authority.

Theoretically, independence may be quite alluring and many people erroneously regard themselves as being in large measure independent. No one has done a more able job of presenting the problems of independence or the perpetual pull toward dependency than has Erich Fromm. Everyone yearns for the rewards of independence and the rewards of dependency at the same time.

The psychology of Rank is intimately concerned with the processes of dependence and independence in any individual. The trends in life are toward greater and greater individuation or independence. There are successively the individuation of the single ovum from the undifferentiated ovarian tissue, the development of greater detail through differentiation from larger foetal parts, the separation of the foetus from the mother, the separation of the baby from the mother at weaning, the independence of locomotion, and eventually the increasingly complex movements toward selfhood. Life is a long series of steps comprised of the phases of being an integral part of something, followed by a phase of healing, and culminating in a new phase of "wholing" or becoming one with or part of the totality of a new whole—and then the process is ready to be repeated at a new level and in a new cycle.

Independence is only a relative term, and true independence is a figment of the imagination or of a limited perspective. No one can be independent of others any more than he can be independent of his environment. It is impossible to say where the atmosphere leaves off and where the individual begins, or where the food that one ingests is no longer extraneous environment but has become the individual himself. Factually, they are one and the same, a continuum.

The environment, in the form of attitudes and experiences with others, becomes incorporated and turns out to be the individual. The Biblical Commandment to "Honor thy father and thy mother" is not so much a command as a statement of fact; i.e., one honors or elevates the attitudes and beliefs of those who nurture him in his state of dependency. Their attitudes become oneself or are elevated into the

successive cycles of life. Man is always dependent in some way, though the manners and the manifestations change.

Dependency is not something to be abhorred, and independence is not something good in and of itself. The healthy approach is maximally spontaneous and minimally determined by preconceived or authoritarian determinations. It may help to seek to know the difference between what is realistic dependence or independence (adequacy or inadequacy) for oneself, at any give moment and in any given situation, and then to stay somehow in line with reality. Every one is different with respect to these factors, and each person will vary greatly from time to time. Neither can one expect to arrive at a correct answer for another person by relying on projection.

Dependency clearly involves far more than the economic area; it touches every aspect of life. It involves every person's self image and determines the attitudes he will have in relation to the great conceptual sources of security. The ones who feel most adequate or free from dependency are still completely dependent on unknown quantities of factors which they take for granted, and to alter any one of them would throw them into chaos. However grand is the stature of man, he is still a puny creature.

People tend to identify themselves with one pattern and to be contemptuous of another—to use moral judgment for one and against another. Those who have achieved physical independence of their families are unable to understand the ones who remain closely attached. Those who have had enough good fortune, imagination, or perseverance to achieve financial independence find it hard to fathom those who wait for handouts. The ones who have lost their dependence on authority in some particular area proceed as if this were the only reasonable course to pursue, forgetting that a large segment of the population probably has little capacity to do anything but follow authority because their capacity for imagination, for perspective, for integration, and for abstract thinking is limited. Others are so fettered by their value systems that they cannot alter their course of dependency except with extreme difficulty.

It is a paradox that in a society which believes its values are basically in harmony with the Ten Commandments, "working" should be so elevated and "not working" should be so feared and abhorred. Although the Commandment states explicitly that one must "remember the Sabbath Day and keep it holy [inviolable]," there are few who can rest without guilt. They have to have some justification for resting if they are to do it at all. It is true, however, that people need the experience of quiet and of rest in order to come closer to themselves, and people who are excessively preoccupied with activity or production can do little growing.

In general, there are three main classes of people. The first is those who behave as they do primarily out of habit. In this class one finds chiefly the people suffering from some degree of "association deficit pathology," and some degree of this defect probably involves the majority of people, including ourselves. The second is the class of people who do what they do by reason of their value system. Without doubt, this includes practically everybody, for everybody is not only "doing the best he can, given his assumptions," but he is "doing right" according to his code, maintaining his hierarchy of values intact. If this were not so there would be little or no compulsive behavior; people would not "have to" do so many senseless things or so many self destructive things.

The third class comprises those people who behave realistically and therefore could be considered mentally healthy people. We might add, not entirely facetiously, that there are so few people in this group that one might spend a lifetime looking for one. Fortunately, sometimes habit is realistic and sometimes value systems are realistic, but this is apt to be accidental.

There have been many criticisms leveled at the experts who concentrate all their attention on the people who show some abnormality—on the mass of people who are stunted and warped. In general, people want to know more about what is normal and healthy and less about what is sick. It is not easy to fill this order, for it is always easier to see what is wrong than to state categorically what is healthy.

There have been several attempts to clarify what constitutes a healthy personality. Perhaps the most helpful in modern day literature have been made by Fromm and by Maslow. Fromm portrays what he calls the person with the "productive orientation" and emphasizes the *need to fulfill oneself* as the pattern for healthy living. Maslow speaks of "self actualizing people," who are both productive and adjusted but infrequently to be found either in real life or in the literature.

### Emotional Security, A Definition

In an effort to sketch the outlines of a mentally healthy person the author once attempted to spell out the meaning of emotional maturity. Whereas the criteria used are as sound as any others that have been presented, it has become clearer with the passage of time that no criteria can be set up for man to strive toward. To try to be or to become anything, to have any external criteria, is really to miss the mark, for it emphasizes the external authority factor, whereas the thing of prime importance is the individual himself with his potential in the particular setting in which he finds himself. Since potential is such an individual matter, the answer which Fromm has suggested seems to be the most penetrating.

To find oneself, one must get his center in himself. Only in a realistically dependent state can one have his center in someone outside himself without creating chaos in his life. No amount of external approval can substitute in satisfaction and in growth for consulting with oneself in regard to what makes realistic sense for oneself and then carrying through on the conclusion. To get one's center firmly placed in oneself is to delete the many "have to's" which hamper living. It eliminates the endless opportunities for resentment which arise through "being gypped" or through lack of appreciation or lack of reward of some kind. It is the true beginning of an awareness of man's mutual interdependence. It is the end of neurotic behavior and the beginning of self actualization or self production. It is tragic to think that man in this marvelous machine and atomic age may miss out on this insight, for it will make the difference between life and death, between development and destruction.

# CHAPTER 11

## Psychosomatic Symptoms

THERE are various ways in which the psyche and the soma, the soul and the body, combine forces to produce symptoms. Sometimes it is the body which is responsible for psychologic symptoms, and again it is the psyche which is responsible for physical symptoms. Bodily illnesses can produce such symptoms as anxiety, irritability, depression, delirium, fatigue, lethargy, or others. Hopefulness has long been associated in people's minds with tuberculosis: *Spes phthisica* was a term regularly applied to patients with tuberculosis in olden times.

When the illness is psychologic, all manner of physical symptoms may be present. In this class one finds all the "psychosomatic" symptoms which plague mankind and provide the doctors with a never-ending stream of patients. The complaints are of pain, itching, diarrhoea, rapid heart, difficulty in breathing, fatigue, frequent urination, headache, or a hundred other symptoms referable to any part of the body. Rarely does the patient recognize that his illness is psychologic.

On physical examination there may or may not be found physical or organic disturbances present in the involved parts. Skin manifestations may or may not be present. Ulcer of the stomach may be demonstrated by X-ray. There are genuine attacks of asthma. There are obvious evidences of bowel dysfunction. The fact that the disturbance is detectable does not rule out its psychologic nature. Unless the symptoms have been present for a long time, the organic physical evidence is reversible, i.e., not only the symptoms but the demonstrable evidences

in the body which lie behind the symptoms can clear up and leave no trace.

These symptoms, whether they are merely subjective or objective and detectable by physical and laboratory examination, primarily represent pathology not of the body but of the emotions. They represent emotional problems and disturbances which are occasioned by the person's present life situation or recent past, which he either fails to recognize or feels unable to cope with. He may not connect the life problem with his symptomatology, and regard the symptom as of bodily rather than of emotional origin. The body is thus expressing not a primary disease process but an emotional problem. Psychosomatic symptoms are always indicative of psychologic stress. This type of symptom is increasingly recognized by both the medical profession and the public as requiring not medical therapy—i.e., drug or surgical intervention—but psychotherapy, so that the basis and the cause of the trouble rather than its symptomatology may be dealt with.

### Organ Language

The great majority of patients coming to psychiatrists for treatment have some psychosomatic pathology, and it has been estimated that at least 70 per cent of patients who come for treatment to the general medical profession are suffering from psychosomatic rather than purely somatic problems. Sometimes the nature of the symptomatology expresses symbolically the kind of emotional problem the patient is having. Well known phrases in the vernacular can be a kind of "organ language"—e.g., "It gripes me," or "It burns me up." The first person not surprisingly, may suffer from bouts of diarrhoea and the second one from heartburn or from a feeling of increased heat in the skin or some other place in the body. However, the more spontaneously he can express his true feelings verbally, the less likely he is to experience the physical symptom.

Another patient may feel that someone is "getting under his skin" and suffer from some form of skin trouble. A patient suffering from blurred vision was, indeed, "so mad he couldn't see straight." A

patient may experience a stiff neck if he feels he is being forced to bow to a course of behavior which he does not relish. Still another may feel nauseated or be unable to retain food if he feels he "cannot stomach" a part of life that is impinging upon him.

### **Character Structure and Symptomatology**

However common such phenomena are—and they are common—there are many psychosomatic symptoms in which there is no such clear symbolic connection between the emotionally charged life situation and the nature of the distress. A more common parallel exists between the kind of character organization an individual has and the kind of symptomatology he may develop or the particular organs which will be involved. Extensive work has been done in this field to establish the connections and the patterns which occur in order that the doctor may be able to estimate with a fair degree of accuracy the nature of the underlying problem on the basis of seeing only the symptom. Alexander and his associates are deserving of special mention, as is Dunbar, who has carried out the monumental task of compiling and organizing all the contributions in the literature which deal with this subject.

It is now fairly well accepted that ulcer of the stomach, ulcerative colitis with alternating bouts of constipation and intense mucous or bloody diarrhoea, migraine, allergies, and many skin diseases, have a psychogenic or emotional component or even basis. The psychogenic factor is prominent also in such problems as proneness to accidents, common colds, tuberculosis, chronic fatigue associated with low blood sugar level, giddiness or lightheadedness, and many other common ills of man. People are highly selective in their symptomatology. Those who have skin disturbances as their mode of expression of tension or stress can be expected to express their troubles in their skin regularly and not to switch to the digestive tract or the vascular system.

There are several dominant themes which occur repetitively behind the symptoms—suppressed rage, unfulfilled desire for dependency, resentment, conflict, felt helplessness, and suppressed competitiveness.



In gastric ulcer cases, the patient is usually an active, dynamic individual who is really operating at a level far beyond what he actually desires. Although he does not relish it, he invites stress and strain situations and engages freely in competition. He would like to be protected and taken care of, but he does not permit himself to have this kind of life. We may say his unconscious dependency needs are being frustrated.

This pattern is present in the majority of cases largely, I feel, because of our cultural values. Whereas desire for dependency is involved, a more basic factor is the moral judgmental factor also involved. If the individual has been brought up to believe that being dynamic and a go-getter is right, or if he has been brought up to believe that he has no right to relax until such and such things are accomplished, then the force that impels him is the moral value he embraces; he must continue to drive himself lest he suffer from guilt. This is the usual story in ulcer patients.

In a few cases, however, the value system does not correspond exactly with that of the general culture, in that there is no virtue in activity and aggressive, competitive behavior, but "right" lies in keeping someone happy through being subjugated to them. In such cases there may be genuine strivings toward independence, strength, and adequacy, but the value system effectively blocks these. Dependency is chosen in order to be free of moral blame, and ulcer may develop at those times when there is conflict between following natural inclination for independence and strength, (regarded as wrong), and remaining dependent (regarded as right).

Ulcerative colitis patients often show a remarkable degree of rigidity and self discipline, but they may also have periods when they actually do or want to throw caution to the winds and "kick over the traces." These alternating periods resemble the behavior of their intestinal tracts.

Patients with migraine are characteristically proper, meticulous, and self disciplined people. Their standards of behavior are generally considered "high." Their demands on themselves are extreme, and

they find it almost intolerable to have to compromise with these standards. One might call them perfectionistic. Human relationships are often painful because other people with whom they are associated do not have the same standards of performance, and yet they feel they must be cooperative. This means that they must permit inferior results or products to get by, or they must do their share and the other person's too (without offending the other person), or they must somehow make the other person meet their specifications without seeming to criticize. To a person not of their make-up the decision might be very simple, but to them there is trouble whichever way they turn, and the result, no matter what they do, is likely to be migraine. Again, the real disturbance is in the area of the value system and moral judgments—in the psyche.

Many people with headaches associated with giddiness really are suffering from hyperventilation, or excessive breathing. They are constantly taking deep breaths or sighing without any awareness that they are doing this. In some, the breathing pattern represents a symbolic feeling of something or some problem "sitting on their chest." In others, there is a hidden competitiveness expressed—as though they were running faster and faster or hurrying more and more, or putting more and more effort into the situation and consequently having to breathe harder and harder. The hyperventilation then produces the headache and the dizziness.

This same type of picture is seen in many people with exophthalmic goiter, wherein the eyes protrude. In numbers of these cases the patients were victims of a pattern of life which involved use of excessive energy or effort. They were straining to accomplish whatever it was they felt they had to do, with the result that they developed faces closely resembling those of track runners who appear ready to drop as they near the goal line.

Skin symptomatology is so clearly related to emotional states that everyone is aware of this fact. Blushing, sweating, and goose pimples are known to all of us. These, however, are transient symptoms. The connection between emotional states and the more chronic skin symp-

toms is less clear but nevertheless present. One patient may express a combination of deep resentment and a sense of helplessness with regard to a life situation by a rash covering his entire body; another may express his need to prove supreme superiority in the area of intellectual brilliance by a generalized edema of the skin.

Such a patient had concluded that intelligence was the highest good, and demonstration of intelligence lay in having sense enough to keep out of trouble. However, since sexuality posed a possible trap which might ensnare him unwittingly, he had to devise some way to make sure this was impossible. The tension he experienced as a result of his conflict between two strong needs—one biologically and sexually-based; the other derived from the need to maintain his demonstrated superiority in intelligence—produced the answer much as the Biblical admonition, "If thy right hand offend thee cut it off." He developed skin symptoms with rash, edema, and itching, which would make sexuality so repulsive to others that no occasion would or could possibly arise when he might "get into trouble!" The skin is as intimately attuned to one's value system as are one's internal organs.

People suffering from chronic fatigue and low blood sugar are often those who find themselves in mildly frustrating or undesirable situations for long periods of time yet cannot remove themselves to other more acceptable circumstances because their value system stands in their way. To illustrate, a woman may want to flee from the care of a dependent parent to a long-postponed marriage, but her value system prevents this. Or she may abhor the job of homemaking and child rearing and wish for some business or "creative job," but the need to demonstrate to herself that she is a good wife and mother prevents her from turning over the job to some other person. Sometimes her "self respect" will not let her move because that would be admitting she was a failure.

Bronchial asthma and increased blood pressure are common symptom patterns that both in their causation and in their perpetuation involve the emotions. Behavior is closely correlated with emotions; thus emotions are bound up with any symptomatology of the heart and

the lungs. Whenever action is called for, either in response to fear or to rage, the nervous system relays the message to the organs which regulate blood flow and oxygen supply so that the individual can behave as the situation demands. The nervous mechanism doing this job, unfortunately, is not in possession of a moral code. It merely sends messages as the experiences of millions of previous years dictate.

The total individual, however, is equipped with a value system which may determine that no action shall take place in a situation that realistically calls for action. The result must necessarily be a mixture of readiness for action and suspension of action—no discharge of energy in action performed. The body symptomatology generated is parallel with this confused state of affairs and involves the energy not expended in action.

Asthma would seem to be more closely related to the past than is elevation of blood pressure. In this way it resembles the typical neurotic body symptomatology of the "dissociation phenomena" (hysterical symptoms). This type of symptomatology was also common in service men as a result of war experiences in which the precipitating situation tends to be "lost" or fails to get conscious recognition and only the symptoms are in awareness. Relief from the symptoms is largely dependent on awareness or insight through a conceptual re-living experience.

Blood sugar has been mentioned as being affected by emotional states. Other laboratory findings are also related. Even the sedimentation rate of red blood cells and the percentage of eosinophiles in the white blood count have been shown to have relation to the person's emotional state.

Eating patterns with their repercussions on body states are clearly a psychosomatic affair. Obesity commonly represents some emotional disturbance. It may arise out of a sense of isolation or loneliness or a sense of being unloved, with need to derive some comfort and consolation from life; food offers a kind of solution. It may derive from a sense of emptiness and meaninglessness with regard to oneself and one's life, so that a symbolic attempt is made to fill the void with food. It

may have its origins in a poverty-stricken childhood where actual food deprivation was a common experience. Here the person may never have outlived his unconscious fear of want, so he must eat whatever is available today lest there be none tomorrow. Sometimes it arises out of rebellion against a nagging or thwarting parent. Again, it means a way of making sure of rejection—because one would not know what to do with acceptance; it would not be in accord with the self image. It may also mean that the concept of self discipline has never been incorporated into one's self image.

Gorging with subsequent vomiting, as well as loss of appetite with inability to retain food, often leave marked body disturbances such as weakness, loss of weight, anemia, or even severe malnutrition. Again, the motivations here are primarily emotional and the acts symbolic, but one may get into real trouble assuming without full knowledge that any physical disturbance is due either to organic disease or to psychological tensions. This is an area where one ought not to deal with assumptions (the doctor's or the patient's) but with facts.

It is possible to tell a great deal about a person merely through knowing the totality of his eating patterns. His value system, his goals, and his emotional state are all reflected here. It has often been said that a person's sex life closely parallels his total relationship to life. It seems to be equally true of his eating patterns. In both of these basically primitive areas man reveals how successfully he has been able to achieve his integration with society.

Whether a physical symptom falls into a well defined and recognized category or is not so clearly patterned, the symptom may be emotionally derived and calls for psychological as well as physical scrutiny. The symptoms, of course, are real. That is, they are not the product of imagination and they are saying quite definitely and clearly that something really is wrong.

### **Symptoms and the Threat to Structure**

Most psychosomatic symptoms are understandable if one bears in mind the structure-function concept as it applies to the psyche. Symp-

toms occur when the structure is sensed to be inadequate, when the structure is broken or threatened, or when the function has been disturbed. In the first instance the predominant feeling is helplessness. In the second it is guilt; and in the third it is resentment. When any of these feelings is present one can be sure he is dealing with a psychological problem expressing itself also in physical symptomatology.

To say that a person is having a conflict means simply that he is experiencing a special kind of helplessness. He is helpless to move in one direction or the other—either to break his value system or to carry it out into action. He is paralyzed, for he cannot support either the guilt or the resentment which would result from action and he is stuck with helplessness.

One must never overlook the fact that *the mere presence of physical symptoms from whatever cause is frequently sufficient to produce anxiety*, and the anxiety then, in turn, provokes more somatic symptoms, which intensify the anxiety. A vicious circle is set up, and there is need to disentangle the various symptoms—the ones produced by anxiety and those arising from organic pathology. Because they resemble each other so closely there is real danger of overlooking organic pathology if one is attuned to psychodynamics alone or of overlooking the psyche if one is familiar only with the soma.

## CHAPTER 12

### Major Symptoms of Stress

#### Is There a Norm?

TO CALL any person "normal" implies that under the physiological and environmental circumstances in which he lives he is able to operate with a high degree of personal comfort and in harmonious relationship with the expectations of people of his culture. He is in a state of psychologic compensation (as contrasted with decompensation), in a condition of psychologic homeostasis or balance.

He may, indeed, be emotionally sick (realistically speaking) and still pass for normal if the unrealistic assumptions he holds are similar to the unrealistic assumptions of his peers. Also, many people have held more realistic assumptions than their fellows and for that reason were considered to be queer or abnormal or crazy.

One may live in one place and be regarded as normal, and then move to another area or culture, carrying out the same patterns of behavior and having the same assumptions as habitually held, but be looked upon in the new area as a strange creature. It is rare to find an individual who does not carry out innumerable obsessive or compulsive acts in his daily life, but these are so customary and there is so little interference with them that he is not even slightly aware of his "symptoms." A person may experience great discomfort from psychologic symptomatology and then, by reason of some turn of events in the external world but without one iota of change within himself, lose all his symptoms and discomforts and pass for normal both with himself and with others.

The only rational conclusion one can come to is that one can never

expect to find a normal person except in a relative sense. Normal is not static; it is dynamic. The same is true for the concept abnormal. It is always relative. Whether the individual regards himself as normal is only half of the picture. The other half is how other people regard him. Here we get into trouble, for if a person has close enough contact with anyone he will eventually conclude that the other is less than normal.

Oddly, the symptoms that cause the individual the least stress but most disturb others are widely separated in the scale of malignancy or seriousness. At the benign end of the scale are the character neuroses or character disorders; at the malignant end of the scale are the psychoses. It is not usual for people with either type of disturbance to seek expert help for their difficulties. If they do, it is usually because someone else thinks it necessary.

The other group, midway between these two in severity or malignancy, is known as the true psychoneuroses, and with one exception (the dissociation phenomena) these produce a great deal of discomfort in the people having the symptoms. They insist on getting relief and will often go from doctor to doctor to find it or go surreptitiously for help to any source that holds out promise. Usually they are looking for a magic method of removing their symptoms. They have no concept that the trouble lies in the way they look at things and the consequent manner in which they live their lives.

They constitute the bulk of people who buy "peace of mind" or the "self help" books, and they seek a way out in a brand of religious literature which is spurious because it deals with surface phenomena, glossing over rather than coming to grips with the real problems. These people are the bane of the doctors' existence, for there is no magic formula. There is no quick or easy solution to these problems and doctors, even if they had the necessary techniques to apply the necessary treatment, do not have the necessary time. Finally, they give a spurious magic, the magic of drugs.

### **Decompensation as a Result of Stress**

Psychiatric symptoms of all kinds and of all degrees of severity are responses of the person to stress. Sometimes they represent ways of



forestalling or circumventing stress (character neuroses), and again they represent reactions to felt or experienced stress. Another helpful approach toward understanding is to use the medical concept of "compensation" and "decompensation," and apply it to psychological processes. A person may have real heart trouble but have no symptomatology, in which case the heart is described as in a state of "compensation." He is able to function comfortably and without symptoms; or he may have some degree of disability such as shortness of breath, swelling of the feet, or pain on effort, which are the symptoms of "decompensation." The heart is unable to deal adequately with the stresses of living, and symptoms of this unsuccessful struggle appear. These same symptoms may disappear if the stresses are removed and the heart is permitted to function within its limitations, or if the heart actually improves structurally or functionally.

Every heart has its breaking point; there is an amount of stress beyond which it cannot go without signs of decompensation. Every psyche also has its limitations. If it is permitted to operate within these limits it is in a state of compensation, or what may be regarded as normal for that person. Increase the stress beyond that point and decompensation with symptomatology occurs. Remove the stress or modify the psyche and compensation is restored.

The variety of symptoms which may occur as a result of decompensation is endless. Sometimes it is difficult or impossible to say with any degree of accuracy whether a person should be labeled psychotic or psychoneurotic. There are many symptoms characteristic of psychotic states that may occur also in people who certainly are not actually psychotic by definition. In the psychoneurotic, such symptoms tend to be transient or of lesser intensity. A sense of unreality or of depersonalization may be of this nature. If it is a transient symptom, one might think of it as a momentary state of decompensation into psychosis, from which the patient recovers promptly. One must never assume that a psychosis is necessarily of long duration.

No diagnosis is made without some subjective factors entering into it. One clinician will see certain symptoms which are to him clear-cut and characteristic of a particular diagnosis, whereas another equally

competent clinician will see other symptoms which automatically place the patient in a different diagnostic category. This is due in some measure to differences in perceptions and in emphasis derived from training and background, and to the fact that there are few objective tests—X-ray, laboratory, or other—to help make the diagnosis. Psychiatrists are no exception to the rule that no two people observing the same set of circumstances will perceive the same things.

### Character Types and Symptomatology

The type of character structure will tend to determine the nature of the symptomatology (as well as diagnosis) if the decompensation experienced is psychotic in nature; but the character type has relatively little to do with the nature of the psychoneurotic symptoms which develop. An exception to this occurs in some of the psychosomatic illnesses. The "cyclothymic" character, with his characteristically fluctuating emotions, tends to develop the psychotic symptom picture known as "manic depressive psychosis." The hysterical character can be expected to develop psychotic decompensation symptoms which are disorganized and somewhat bizarre, as in "hebephrenic schizophrenia." The greater the admixture of obsessive-compulsive traits in the character, the more of the "paranoid schizophrenia" coloring there would be if he developed a psychosis. His symptoms would be organized (or systematized and fixed) and less bizarre than those of the decompensated hysterical character.

The paranoid character would tend to have little bizarre coloring to his psychotic symptomatology; there would be few or no hallucinations; but his delusional system would be highly organized and fixed. In every other psychotic state which persists for a long period of time there is some evidence of over-all deterioration, but in the decompensation picture of the paranoid character, known as "paranoid state" or "paranoia," there is no appreciable evidence of deterioration, even with a lapse of many years. These patients do not have a favorable prognosis and are not usually amenable to treatment; they live on in their arrogance, unable to make use of their good potential—hostile, injured, and

unhappy. Paranoid characters, out of their unrealistic assumptions and felt needs, are particularly vulnerable to stress and frequently develop some type of decompensation symptoms.

Any type of character structure may develop the symptoms of a psychoneurosis. Contrary to general impression, it is possible to develop a psychotic state without passing through the psychoneurotic or less malignant phase, and people with psychoneuroses do not usually develop psychoses. There are common phrases intended to describe psychiatric symptoms; they fall far short of the mark. "Losing one's mind" is such a phrase. To those who have had little or no contact with Psychiatry, it may connote any number of things, such as loss of capacity to think, to remember, or to recognize. To others it may imply a loss of control, or that one would do harm to himself or to others, or one would make a spectacle of himself in public and cause embarrassment. "Nervous breakdown" is another meaningless phrase, for it may cover anything from a slight but persistent "indisposition" to a frank psychosis. It also provides a source of unnecessary anxiety for many people who visualize actual destruction of brain tissue.

When a person is diagnosed psychotic, or ("insane") he is presumably committable to a psychiatric hospital or an insane asylum. The legal definition of "an insane person" as one who does not know the difference between right and wrong also misses the mark completely, for there is little connection between the capacity for discrimination between right and wrong and the degree of a person's mental health. The terms "insane" or "insanity" are rarely used by psychiatrists even in their private thinking. These are legal rather than medical terms, and they imply merely that legal steps or procedures are involved.

We have seen in previous chapters that psychological stress involves threat to the structure or the functioning of the psyche, the set of beliefs and assumptions which constitute one's value system or whatever it be that a person relies on to maintain his sense of personal integrity. One would therefore expect to find such symptoms as anxiety, guilt, rage, and resentment as the characteristic symptoms. One does, indeed, find these, but often these feelings are camouflaged or

expressed in other symptoms which are felt as disturbed body processes or as some behavioral manifestation.

In some individuals there is little or no alteration of the basic feelings; the prime complaint may be an unbearable and all-encompassing feeling of *anxiety*. These feelings may come suddenly and with such intensity as to cause the person to feel he will surely die or "lose his mind." They may be of lesser intensity but still be preoccupying. Such feelings often cause people to seek medical assistance even without any recognized physical symptoms. Sometimes they are aware of the specific situation in which the anxiety began, but rarely if ever do they consciously recognize the details in the situation which are interpreted as so threatening.

Many people suffering from such episodes of anxiety will declare that there was absolutely nothing that provoked it, and they may jump to the conclusion that it must have been due to some body factor, or even to supernatural influence. Careful investigation will, however, clearly demonstrate that there is always a discernable cause—even a fleeting thought or a momentary impression—which sets off the chain of feelings, thoughts, actions, and bodily reactions. When anxiety symptoms recur, a common denominator or factor is present in every instance, and it is this to which the individual is responding with sense of threat. Discovering what this common factor or "red thread" is constitutes the process of treatment known as coming to know oneself. Whatever this "red thread" may be, the individual does not consciously know what it is and is amazed or embarrassed to learn the kind of assumptions he holds and by which he guides his life.

### Guilt

*Guilt* as a symptom of stress may be of psychoneurotic or psychotic proportions, though the decompensation picture is often so extreme that it is properly considered a psychosis. The more apparent it is that the guilt is free-floating or waiting to be attached to whatever basis comes into conscious awareness, or the greater the period of time between the activity alleged to be the cause and the time of occurrence of

the guilt feeling, the more certain it is that the true basis of the guilt is not as alleged and that it is a symptom of psychosis. Such guilt is not amenable to reason, to expiation, to forgiveness. It is an obsessional preoccupation.

It is probable that the reason for the great proportion of hospitalized patients suffering from guilt is that guilt, being so great a stress, has caused greater decompensation, and the more marked the decompensation the greater is the need for hospitalization. Guilt is not especially prevalent in non-hospitalized people. To be sure, there are various minor guilts which are not too threatening because no major value is involved. A guilt with reference to a vital value is equated with spiritual dying, with psychic death, and is far too hazardous to risk. People are always choosing resentment rather than guilt because guilt is the most severe psychic stress one can experience. When the person feels guilty for feeling resentful he is really in a dilemma, and it is no wonder the battle ends in the stalemate of conflict.

If children hate a parent or a sibling they may carry along an undertone of guilt through their lives. "Unexplainable" troubles may produce guilt feelings. Failure to receive some special "blessing" or manifestation of divine approval is another occasion for guilt feelings. These people with their misery and obsessional preoccupations constitute a real problem to the clergy. Parents may engender guilt feelings in their children through rejection of them for any reason.

Horney has properly emphasized the fact of littleness and inadequacy as the universal core of neurotic patterns. The psychological self image is laid down early, and the littleness provides not only the basis for development of compensatory defense patterns but in some provides the vague conviction that one is not acceptable as he is—hence bad and therefore guilty.

Fromm has given a slightly different basis for guilt. He sees all people as involved with guilt feelings to the extent that they are failing to fulfill themselves. Since this implies an aspect of self destruction, it would follow that guilt is basically related to some degree of suicide. If one speculated regarding the relation between "sin" and "guilt," the

conclusion might be that they are not necessarily related. Guilt, according to the concepts developed here, is related to behavior which goes contrary to the demands of significant people (authority-figures); sin is behavior which is contrary to one's own welfare. To sin does not necessarily produce any guilt. Guilt, thus, is a cultural product, whereas sin is something more fundamental and relates to the totality of man's well being. However, to understand the full implications of the latter would be to have the wisdom and perspective of God.

Signs of decompensation resulting from irrational guilt are often bizarre. Body as well as thought processes are involved. There may be sensory perception disturbances. Actual suicide is not uncommon. The suffering may be agonizing. Agitation may replace apathy, and utter despair reigns. The guilty fully believe there is no hope here and no expectation of relief in the hereafter. These, of all patients, are the most miserable.

### Depression

*Depression* is another symptom which may be of either psychoneurotic or psychotic proportions. Sometimes it is found associated with guilt, especially in psychotic states. In its psychodynamic implications it is more closely related to rage than to guilt, since an invariable aspect of depression is the sense of helplessness which occasioned it. Inadequacy to accomplish something deemed necessary to be done can produce either rage or depression, depending on the nature of one's usual patterns and the degree of felt stress.

The sense of helplessness may arise from body "misbehavior"—as one may find with some crippling, disabling, or disfiguring illnesses or accidents. It may be due to the insistent demands of sex in relation to prohibiting value systems; it may be a part of the menopausal picture or of growing old. In one psychotic state, "manic-depressive psychosis," in which there may be recurrent periods of excitement and/or depression, there do not seem to be any adequate causative factors. This leads some to the theory that there may also be a chemical (perhaps endocrine) factor which operates to produce depression.

This theory may be found to be true; however, in this connection it is noteworthy that there are fewer and fewer cases diagnosed as "manic-depressive psychosis," while more and more of those who formerly would have been given this diagnosis are now given other diagnoses which imply recognition of the external or internal (psychological) precipitating factor. It is comparable to the movement with relation to epilepsy, in that the domain of true epilepsy continues to grow smaller and smaller as Medicine increases its insights.

A sense of helplessness arises most frequently from psychological causes—inability to make some change in another person, inability to control the actions of others, inability to achieve some conceived "perfection" regarded as essential, or inability to carry out some desired action by reason of prohibition by one's value system. Where helplessness exists and rage is blocked, there is a greater likelihood of depression.

Some of the signs of depression are sense of hopelessness coupled with feelings of urgency, sense of heaviness or sluggishness of the body including thought processes and feelings, noncustomary reactions to familiar objects, situations, and people, loss of sense of personal identity, and fatigue—most marked on awakening. It is rare to find a depressed person who does not also contemplate suicide, and for this reason hospitalization is commonly indicated as a protective measure in severe cases, particularly if agitation is part of the picture.

There have been many patients who have had various physical symptoms which they could not understand or account for and have felt anxious and troubled about them, but there was no depression until they had been to their doctor, who also was puzzled and gave some sign indicating he was at a loss for an answer. At this point the helplessness became overwhelming and depression promptly ensued, complicating the picture both psychologically and physically.

This ability of medical people to provoke the occurrence of depression in their patients is cause for honest scrutiny. Many doctors, in their efforts to be honest, do harm to certain patients. Some patients can tolerate without anxiety an awareness that their physician has the

human attribute of not knowing, of being less than omniscient or omnipotent. There are others who cannot tolerate any such show of inadequacy or helplessness in their doctor. The doctor would do well to try to sense what type of patient he is dealing with and weigh which is more important to him, the welfare of the patient (not aggravating the condition by provoking a depression with its additional symptomatology) or "keeping his own skirts clean" by "telling the truth," to wit, that he is unsure and baffled. Some doctors make themselves more comfortable by making the patients help carry the load which is more properly carried by the doctor alone.

This need on the part of many people to be in the hands of some father- or mother- or God-substitute accounts for the fortunate results obtained by many cultists or pseudo medical practitioners in their treatment of symptomatology. It is common for the latter, perhaps by reason of their lack of medical or scientific knowledge, to say with positive conviction that the problem is specifically this or that and the treatment is thus and so. There is no hesitation, no faltering, no lack of sureness. The patients have no way of judging, but they sense the positive assurance, with the result that their fears and anxieties are relaxed and Nature can go to work to heal them. "Thy faith has made thee whole."

The feeling of being helpless as a result of something vague and intangible going on within the body processes is common. Patients tend to feel better for having had a thorough physical examination, even if the doctor says there is something wrong but that curative measures can be adopted. The unknown makes people helpless and anxious. Patients in the hands of physicians are much like children in the hands of their parents.

### **Post Partum Psychoses**

Whereas the psychotic decompensation symptoms of the post partum (childbirth) period generally have been considered as arising from emotional disturbances resulting from this life experience, there is another impression that the prime causal factor is a disturbance in the



chemical balances of the body. Profound changes in chemistry occur at this time, whether or not there are any emotional problems present, and if the margin of safety is small with respect to brain functioning, symptomatology is likely to develop. The situation is much like that of the alcoholic. He may, and undoubtedly does, have serious emotional problems of which drinking is a symptom, but any psychotic symptoms he may develop are the result of the alcohol and not of his life problem.

In some instances post partum (childbirth) psychoses as well as menopausal psychoses are clearly responses to emotional stress situations, and these cases will respond to psychotherapy or to removal of the stress. The others require prime attention to the physico-chemical factors. Again, in many the illness represents a combination of organic and emotional stress.

A young college woman, the baby of her family, who had just given birth to her first child, behaved normally until she was sent home from the hospital on the third day. She went to the home of her parents for a short period of recuperation, and they soon noted that she behaved in a strange fashion. She took no interest in the baby; her emotions in general seemed flattened; occasionally she laughed in a silly, inappropriate manner and spoke of throwing the baby into the garbage can.

History obtained from her parents was strongly suggestive of a lifelong inadequacy of the "association deficit pathology" variety. Interview with the patient indicated a symptom picture of acute schizophrenic reaction. Were it not for the history, no organic brain pathology would have been suspected; she looked like "any other schizophrenic." It was clear that any questioning or probing was out of the question, since that merely acted as additional stress superimposed on the stress she was already experiencing as a result of being placed in a position where she had no idea how to behave, because she had never gone through the learning process of mothering a tiny baby.

If the theory that she had "association deficit pathology" was correct, then removal of stress should help restore compensation and no other treatment should be required. To this end, complete and intelligent cooperation of the parents was obtained in letting her be a little child, with

no responsibility placed on her. Mother took care of the baby as though it were her own, without shaming or embarrassing the patient. No psychotherapeutic sessions were held. The patient was seen only for the initial evaluation session. No medication was given.

Within two months the girl had gradually assumed complete care of the baby; she expressed normal feelings toward him. At three months she returned home to her husband with the baby and carried on her household activities as adequately as she had been able to do in the past. There have been no recurrences of psychotic symptoms in four years, even though she has had two more children.

This girl was not a chronic, "incurable schizophrenic," though she looked like one. She reacted with signs of decompensation to the stressful situation of being expected to assume the unfamiliar mother role. This might have been anticipated, because "association deficit pathology" personalities feel stress easily and require a learning experience because they lack imaginative capacity and because of defects in capacity for organization and integration. Removal of stress eliminated the symptoms, and the learning period increased her adequacy to the point where she could once more function at her regular capacity.

An interesting by-product of the whole experience was the mother's feeling that for the first time she was really accepting and loving her daughter. Until the time the situation was explained to her she had tried persistently to make her daughter be the kind of person she wanted her to be—competent and adequate, like herself—but achieved only trouble and conflict. Now, when she learned something of the nature of her daughter's difficulties, she could see where she had made impossible demands. She discovered that letting the girl be whatever she was was the surest way of helping her to grow into all that she was capable of being.

## Suicide

*Suicide*, in and of itself, is commonly regarded by most people in our culture as evidence of "being insane." Nevertheless, there are relatively few people who, sometime during their lives, have not given at least a passing thought to suiciding. As Karl Menninger has pointed

out, there are all types and degrees of self destruction, so that whether or not there has been conscious contemplation of suicide, everyone is engaged in some aspect of self destruction. Fromm also sees failure of self fulfillment as self destruction, and therefore everyone is a party to this "insanity" to some degree.

Freud postulated that life experiences were essentially the various combinations of Eros (love instinct) and Thanatos (death instinct) turned inward onto the self and outward away from the self. When love toward self did not adequately neutralize the hate toward self, self destruction was the result. If the hate could be turned outward, then the self could be saved. It was found that in many acts of self destruction there were destructive feelings toward someone outside the self which were not carried out, and this further reinforced the theory. Again, according to the Freudian theory which postulated that the person must suffer in direct proportion to the amount of externally directed hostility, it was clear that guilt and the need for punishment was the basis of other suicides.

It is a paradox to say that while people are in process of suiciding they are actually trying to survive, yet this they do through their identification with their psychological selves or their value systems. Death of the body comes as a by-product of trying to keep the psyche intact; it is not the goal or the thing desired. In cases where the hate is intense and where it seems impossible for the hating and the hated person to occupy the earth together, the hater kills himself rather than the hated one because his value system so dictates; thus he maintains his standards. There are people who have certain personal or individual values which are more highly regarded than conventional moral values: beauty, strength, physical vigor, intellect, adequacy, power, status, money, etc. In such cases these are defense mechanisms which must be guarded over and beyond life. If these are gone, all of life is gone. They are already dead, and the body can be dropped like a cocoon. It is most surprising, however, to see how these "nonmoral" values are given a moral twist, so that in the last analysis the people are operating according to their basic concepts of right and wrong.

One must also include in the value system the institutions with which people identify, since the psyche includes whatever people believe in—the profit system, the church, labor unions, democracy, or countless others. If this were not true it would be impossible to wage wars. There is proportionately less suicide among Roman Catholics than among non-Catholics because Catholics have incorporated strong moral judgment against suicide itself. Thus, for a person having such a moral value judgment against self destruction, to suicide would mean both physical and psychic death or destruction.

Whereas religions prevalent in our culture tend to prohibit actual suicide as morally wrong, they have little to say in regard to the partial, incomplete, or protracted suicide resulting from maintenance of the accepted value judgments required in order to be assured of survival in perpetuity. Thus the institution of religion, with its emphasis on life after death, may in reality contribute to physical self destruction of the partial or the chronic variety through demands for self denial, self abnegation, meekness, or loving one's neighbor instead of oneself. This may result in a situation in which the more "morally" oriented the person or culture, the more self destructiveness there is likely to be—for it is better to retain honor than life or physical well being.

The factors which militate against final suicide are mainly these: the will to live, the fear of the unknown, and religious prohibitions. For those who have no religious prohibitions and who feel that they want freedom from torment, one might well ask: If there be no consciousness after death, and if one's last and final experience and awareness is of pain, then where can freedom from torment come in? Must one not presuppose awareness or consciousness to sense freedom from pain?

If one can bear in mind that there is no future in suicide, that it is such a final act that there are no curtain-calls and no possibility of finding out that value systems can change, that tomorrow is another day—in other words, if suicide can be postponed—the necessity for it ordinarily vanishes. This is the reason that hospitalization is the best procedure for caring for suicidal people. The safeguards are greater—enabling tomorrow to dawn.

### Bizarre Symptomatology

Among the *bizarre symptoms* of psychiatric disorders which are of psychotic nature are hallucinations, delusions, marked hyperactivity or hypoactivity, lack of contact with reality or lack of ability to make adequate responses to reality, and a type of behavior that is known as "regressive behavior" in which the patient behaves in a manner that might be considered more normal were he a child or were he devoid of the value system that he has accumulated through the years.

Hallucinations are sensory perceptions (hearing, seeing, tasting, feeling, smelling, etc.) which have no basis in fact. No external stimulus produces them. They arise from within the individual himself but are interpreted by him as having an external origin. Whenever there *is* some external causative stimulus but it is misinterpreted or misidentified, we call it an illusion rather than an hallucination.

Because mental processes or emotions and the physical body are so closely interwoven, it is possible to have comparable symptomatology arising out of disturbed emotions or out of actual physico-chemical alterations within the brain which are wholly unrelated to emotional states. A person may have an auditory hallucination as a result of a guilty conscience or a brain tumor, as a result of ingestion of certain drugs such as alcohol or from changes in atmospheric conditions, from large doses of insulin or as a result of a nutritional deficit such as pellagra. One may also have an auditory hallucination while asleep, without any of the causes mentioned, in which case we recognize it as a dream. What changes take place in the brain to permit dreams we do not know; nor do we know very much about what happens to bring about either sleep or the waking state. It may well be true that any hallucinatory experience implies some physico-chemical or electrical factor present in the brain. If emotional disturbances produce hallucinations, it could be as a result of chemical changes set up in the body by the emotions, for emotions and body chemistry are two sides of the same coin.

- Certain chemicals regularly produce certain types of hallucinations

irrespective of the type of person involved. Alcohol tends to produce hallucinations of touch and sight more often than of sound, smell, or taste. The delirium of pneumonia is commonly associated with visual hallucinations, while nitrous oxide anesthesia produces auditory hallucinations. Pellagra may produce visual and auditory hallucinations, while in schizophrenic reactions there are all types of hallucinations—sound, taste, smell, and touch—although auditory hallucinations are perhaps the most common.

Research in the production of experimental psychoses indicates that it is the drug rather than the type of person that determines the nature of the hallucinations. This is probably why narcotics are so dangerous. Recent work indicates that hallucinations can be produced merely by preventing external sensory perceptions from reaching an individual for a relatively short period of time, such as 24-36 hours. In other words, man retains his "balance" partly as a result of maintaining his contact with external reality. With loss of reality, he loses also his sense of personal identity.

*Delusions* are false convictions which are not amenable to reasoning. They, like dreams, are the person's own products. He has constructed them by himself, and without external help. They are an integral part of his life and his goals, and their nature but not necessarily their occurrence is determined by them. The native of Nigeria will have hallucinations or dreams or delusions, that relate to his realm of experience. He may see a crocodile rather than a locomotive engine—but what the crocodile does, the symbolism carried out, and the feelings he has, will derive from his own life problems and patterns.

Delusions are not necessarily evidences of decompensation. Any assumption contrary to fact is a delusion. When people believed the world was flat they were deluded, but there was no decompensation involved. When we believed that atoms were indivisible particles of matter we were deluded. Some people carry about with them quantities of delusions, such as that they cannot be loved, or that they are ugly or fat or that they can do no wrong or that everyone is an enemy, or that they are irresistible, or that they do not count, but no decompensation.

pensation has been involved to produce them.

Delusions may represent an effort to forestall anxiety, as when a person believes that everyone is against him and therefore everyone else is in the wrong. He is doing what he can to be spared from taking a square look at himself. Hallucinations and delusions are frequently found together, but this is not necessarily so. However, with an hallucination, there is usually a delusion produced to account for it.

The commonest delusions of psychiatric significance are those of persecution and of grandeur. When one's delusions of grandeur are not adequately fed, it is a natural step to feel persecuted. Delusions of grandeur include feelings of omnipotence, of uniqueness, of special ability to communicate, of controlling others, and even of sinfulness—one is either the biggest or the worst of all sinners. Delusions of persecution involve ideas of external control, of being a special target or the special focus of hostile attention or action or even luck. Failure on the part of others to give one the sense (to which he feels entitled) of uniqueness or of immunity from the misfortunes that other people have to endure is interpreted as persecution.

Closely related to delusions are *ideas of reference*, a condition in which a person regards external situations or events as having some reference to himself. He may, for example, interpret statements made on the radio or television as referring to him in some way; items in the newspapers may be seen as placed there for his special benefit. Frequently, the way people on the bus or on the street look at him or fail to look at him is interpreted as having special significance for him.

## Schizophrenia

Some symptoms such as *hypokinetic activity* or *hyperkinetic activity* and particularly these in combination with the more bizarre types of behavior, necessarily suggest *schizophrenia*. At one time a certain set of symptoms was labeled "dementia praecox" because the patients having these symptoms were regarded as precociously demented. Gradually, it was realized that dementia was not actually present. Despite the patients' peculiarities in behavior, they retained their

memories and their "mental faculties." This same group of patients was then given another diagnostic label, schizophrenia, which literally means divided mind. This does not imply a "split personality." It does not imply that the person is part sane and part insane. The term has reference to the apparent fact that there is a split or lack of integration between thoughts and feelings, or more accurately, between outward behavior and inner emotions.

Five types of schizophrenia are recognized, depending upon the symptomatology: the simple type, hebephrenic type, catatonic type, paranoid type, and mixed type. Not only are the symptoms characteristic, but the past history of the patient, the course of the illness, and the ultimate prognosis are fairly well known. Because of strides in clinical and laboratory research in this area these last details are not so certain now as they were a quarter century ago. No longer are we certain that a diagnosis of schizophrenia means a bad prognosis and indefinite hospitalization. One thing is now apparent—the earlier that treatment is started, the better is the chance of recovery.

There is so vast a difference between the kinds of symptomatology as well as the nature of the character structure of the patients afflicted with the various types of schizophrenic reaction that any statement concerning these patients which does not clarify and qualify the *type* of schizophrenic reaction under consideration is almost without meaning. Perhaps the most accurate statement concerning any particular individual is that he has a problem which he is trying to solve and the "solution" is not harmonious with the mores of society.

The stress situations which precipitate the symptoms vary from one person to the next. In the more simply organized ones it is often the problems associated with adolescence—of increasing necessity for demonstrating independence and maturity. In some it is the stress of finding a job. Not infrequently it is the stress of getting ready for a marriage or standing by while someone else gets married. It may be associated with assuming the role of parent or with having to meet some other social or cultural demand. Often it is associated with a sense of being a failure in some area. Perfectionistic demands are in-



tensely stressful as well as unrealistic.

In many instances the stress involves conflict arising out of physical pressures and urges which violate the individual's accepted codes and standards. Schizophrenic patients almost always have some problem with sexuality. Dependency and sexuality are pervasive common problems underlying schizophrenic symptomatology. Often there is no discernible *external* stress but there is always an internal stress related to a feeling of inability to meet some real or fancied situation. However, despite all the emphasis on the factor of psychogenic stress, recent reports on studies involving identical twins would seem to indicate that in some there is also an organic determining factor present, and that this factor is congenital.

The symptoms vary with the level of organization of character and with the diagnostic label. They represent a manner of dealing with a stressful situation through further withdrawal, or retreat or regression to a more comfortable mode of existence wherein adaptation would not be required, or a way of escaping or evading a situation by use of projection. The more highly organized the person with respect to cultural patterns, the more use tends to be made of projection, for through this device it is possible to keep oneself blameless in one's own eyes and to place the blame or responsibility on someone outside oneself.

People who feel basically dependent or who do not have their centers in themselves may behave in various ways when they feel pressured. Some may make more and more effort to please the outside world—to deny their own wants and needs more and to produce more or to be increasingly manipulated. Society likes these people and rewards them with status or honor or more responsibility. Others, for some reason, respond with detachment, withdrawal, or bizarre behavior, and these are placed in mental hospitals. Both types of people may be equally sick or alienated from themselves and healthy behavior, but it is hard for society to understand this.

Many people associate mental illness, and schizophrenia in particular, with assaultive or homicidal tendencies. By and large, schizo-

phrenic patients are not dangerous to others, although the more persecuted they feel, the more likely are they to be dangerous. In patients who have a sense of persecution, in those who have hallucinatory experiences which indicate that they are being controlled by some outside force or that God is directing their activity, or in those who feel called upon to save the world, there is greater danger of violence than in other types of schizophrenic reactions. In the catatonic type there is also danger of violence during the acutely excited phase, but this might be considered more accidental than intentional.

Many of the schizophrenic patients have a prodromal or initial period of symptoms involving their physical body. They may have many vague complaints, but competent physical examination reveals no pathology or disease process which would satisfactorily account for the symptoms. Suicide is an infrequent symptom in these patients, although it may be carried out in lieu of destroying someone else or as a response to hallucinations. It may also occur inadvertently in catatonic schizophrenia where a patient may refuse to eat or wear himself out in excited, overactive behavior.

Along with greater flexibility in diagnosis of normal and abnormal, neurotic and psychotic, there has come a tendency to speak not of schizophrenia, but of "the schizophrenic reactions," implying a recognition that the symptomatology is not a disease entity but a decompensation reaction, a way of behaving in response to certain internal or external stress conditions by people of various levels or types of psychologic organization.

### Dissociation Phenomena

A type of behavior classed as psychoneurotic symptomatology which occupied the special attention of Freud in his early work is called "*dissociation phenomena*." Around these symptoms he developed his techniques of treatment known as psychoanalysis. These symptoms are the neurotic symptoms of fears, phobias, obsessions, compulsions, paralyzes, memory or learning disturbances, or other specific, apparently localized disturbances in an otherwise smoothly functioning

organism. These patients are not psychotic and hospitalization is not indicated.

The outstanding feature in this group is that the individual having the symptom finds some aspect of his own behavior unintelligible and unrelated to any sensible activity or goal but is powerless to discontinue or interrupt the pattern through voluntary effort. He is at the mercy of factors that determine his actions yet over which he has little or no control and which appear nonsensical even to himself. There is often no felt anxiety in relation to carrying out the symptom patterns—and this, in fact, is one of the characteristic features of these symptoms—but should there be enough effort made to interrupt the symptom, the patient is overwhelmed by anxiety. It was found that hypnosis could relieve the symptoms temporarily, but ordinarily the same symptoms or others of comparable magnitude replaced them.

The process producing such symptoms is known as “dissociation.” This implies that the person has been faced with some situation, either in fact or in fancy, which is beyond his power to deal with or to integrate (or incorporate) into his total body of experience or assumptions. Despite his inability to accept it, it persists as a fact to be dealt with and assimilated. The person must discard it, but it will not be discarded. The result is repression, or an involuntary disregarding of the stimulus experience, which remains as an encapsulated, non-integrated detail constantly plaguing the person in a disguised or symbolic form. The true nature of the objectionable material is never recognized in conscious awareness.

The symptoms are the disguised, intolerable experiences or assumptions which have become dissociated from their original context and appear inappropriately. They are like the ghost at the banquet. The fact that the stimulus experience might be tolerable or acceptable currently does not stop the symptoms from recurring. The experience or feeling was nonacceptable when it first occurred, was banned from conscious awareness at that time, and therefore it is not easily amenable to integration. The strength of the impulses to carry out the symptom patterns is evidence of the presence of a “have to” in

the activity. The symptom gets the lion's share of the attention while the symbolism which it involves, and which is a nonacceptable part of the self image usually goes by unnoticed.

The repressed experiences were held by Freud to be sexual impulses toward the parents or observation of sexual activities between the parents. He later revised his conceptual thinking to include hostile, destructive, aggressive wishes or phantasies toward them. It is certainly clear that with the strong sexual taboos which prevail, any sexual impulse which the child might have toward the parent would be nonacceptable and would require the repression Freud postulated. Likewise, hostile, destructive impulses would be dangerous, both because the parent could not tolerate them and because, if the impulses were actually carried out, they would bring about annihilation of the very ones on whom the child was dependent. This dilemma would necessitate ridding himself of the impulses in order to survive. However, if the situation strongly called for these feelings, they would not be disposed of so easily.

Not much new has been added to what Freud postulated except, perhaps, to recognize that whereas sex and aggression are still nonacceptable, there may be other traumatic, nonassimilable experiences or felt needs, depending on the specific individual's assumptions. It is further recognized that the occasions for such repression are not necessarily childhood experiences but may occur throughout life.

Out of what seemed a clear sky, a young woman developed a partial paralysis of her right arm. There was no pain associated with it and she could carry out most of her daily tasks, but she had great difficulty in raising her arm. Medical examination revealed no reason for this partial loss of function. The answer was to be found in a statement she had made recently to a friend, to the effect that sometimes her husband's inability to make up his mind almost drove her to distraction. The reason the feeling of wanting to strike him had to be excluded from conscious awareness was that it was essential to her that she be a loving wife and that she retain the conviction that their marriage was an unusually "perfect" one.

The symptoms which fall into the group of obsessions and compulsions such as thoughts or impulses which torment one or actions which have to be carried out again and again are in this class of dissociation symptoms. They are merely substitute or symbolic activities which indicate that there is something back of them which is nonacceptable and cannot be integrated or faced. No matter how inconvenient or nonsensical or disturbing these symptoms may be, they are less painful than the knowledge of the basis for them would be. There is little anxiety present so long as the symbolic activities are not interfered with. Analytic psychotherapy is required if the patient would be free from these symptoms.

### Impotent Rage

*Rage* is a characteristic feeling arising in any situation where one feels helpless. It is so well recognized that there is a phrase in common usage which takes note of it—impotent rage. People tend to respond to this feeling with an attack reaction. The more “quick tempered” a person is, the more sensed helplessness can be inferred. In parent-child situations, the more the child makes the parent feel helpless, the more bristling, irritable, and full of rage the parent becomes. These displays of temper—quite out of context with the rest of a person’s life patterns—are the occasion for many people to seek psychiatric help. The people fear their uncontrollable behavior will lead to some serious result. This is, in fact, what happens in the commission of many crimes, so that the law is frequently involved in this aspect of psychiatric symptomatology.

Rage is the response to sensed helplessness which is characteristic of all young children. They are helpless—to turn over, to satisfy their hunger, to get rid of gas bubbles, to grasp what they can see, to go where other people are, or to do a thousand and one things which may contribute to their sense of comfort, contentment, or security. Rage is not a unique characteristic of humans. It is seen in many, perhaps most, levels of animal development and is a hyperreaction of the organism calculated to insure its survival through increasing its

powers of attack and destruction. It is not there waiting to be unleashed, as Freudians postulate, for it never arises if circumstances do not provoke it, and the animal or the individual is no worse off for its never having been displayed. It is, therefore, not synonymous with the "hostile, destructive drive" postulated by Freud as innate and needing expression to avoid self destruction.

Ordinarily, rage is of short duration. The over-all behavior has been described as a "violent motor reaction." Many physiologic changes accompany the feeling, all of them geared to make the individual better able to survive in conflict. It may also be described as a "hyperkinetic response," whereas depression, which is the opposite type of reaction in a comparable situation, has been described as a "hypokinetic reaction" or a "sham death reaction."

Frequently one can sense that the rage response is not a reaction but rather an overreaction to a specific presenting situation. Annoyance might well be called for, but instead there is a reaction so great as to be almost shattering. One can say categorically that such a response is a neurotic reaction and relates to one's past. The reaction presented in the present would have been appropriate at some earlier time and this appropriate reaction was not made at that time. Neurotic reactions are always carry-overs. The person needs to link his present feeling to the appropriate cause if he would be free from the neurotic pattern of overreaction.

### **Resentment and Conflict**

*Resentment*, the characteristic symptom associated with disturbance of psychic functioning, is closely allied to rage and is frequently mistaken for hostility. It is, however, a separate and distinct entity which occurs only in the specific situation of disturbed psychic functioning. It always implies that some trait has been put into action and that the response was not as anticipated or as calculated.

The person, by reason of some factors or behavior, feels entitled to certain predetermined responses. When he does not obtain them, he feels resentment. In some instances he "feels entitled" to behave in

some particular manner; if he is not permitted to, he feels justifiable resentment. Other descriptive terms are "frustrated entitlement" or "outraged virtue," or "righteous indignation." Once resentment has entered the picture, there may follow a variety of other symptoms, none of which is specifically characteristic of resentment alone but rather of stress in general.

Some aspect of "violent-motor-reaction" or of "sham death reaction" may develop. The person may attack, withdraw into a shell, develop feelings of unreality, or develop any type of physical symptomatology. The person may also develop some major disturbance classified as psychotic behavior. The resentful or angry person can permit himself to behave in a manner that would not ordinarily be tolerated by his self image. He can, under these circumstances, violate his code with impunity and feel no twinge of guilt. He feels entirely "justified" in his behavior so long as he has been "outraged" or his entitlement has been frustrated. The feeling present is that one may do almost anything if one is "provoked." As a reactor he can do what he would not be able to do if he regarded himself as the actor. Here, obviously, is an area where the Law must be involved with psychiatric symptomatology.

A symptom occurring frequently in connection with psychic disturbance is *conflict*. Here the person feels no guilt and no resentment, but his discomfort is great. He feels the need to make some decision, to move in some direction, and conversely is unable to do so, for if he operates according to his custom or pattern he is sure to experience resentment and if he does not follow his code he will experience guilt. He is caught in a trap and can neither make nor refrain from making a move. He cannot go forward and he cannot retreat. He has a feeling of helplessness.

The commonest of all psychoneurotic symptoms are physical in nature. These often replace all psychological symptoms including anxiety. They are said to be feelings "converted" into physical symptoms, and are sometimes referred to as "conversion symptoms." There is always close enough similarity to organically determined physical

symptoms so that they look *bona fide*—arising from organic pathology—and therefore precise differential diagnosis is required. The whole area of physical symptoms due to psychological causes is known as psychosomatic medicine.

Perhaps the best approach to an understanding of these physical symptoms is to look at the basic symbolism involved. With any psychic disturbance there is at stake survival or maintenance of personal integrity. How can one best achieve it? One sees various standard devices used by animals—attack, flight, or paralysis, also called hyperkinetic and hypokinetic activity. It is then possible to ask whether the psychosomatic symptom represents a hyper- or a hypokinetic activity on the part of some organ or gland or a combination of the two. Ulcer of the stomach, a common psychosomatic symptom, obviously represents a hyperkinetic pattern; constipation would represent hypokinetic functioning.

A classic example recorded in the literature tells of a man with a gastric fistula which permitted the insertion of a tube into his stomach. His stomach secretions were repeatedly measured, and it was found that the acidity varied with his emotional state. When he was confronted with a life situation that made him angry, the acidity increased (hyperfunction of the glands of the stomach), and when he felt threatened to the point of intense fear, the acidity dropped almost to the vanishing point (hypofunction)—i.e., the glands were essentially in a state of paralysis or sham death.

If a person has a feeling of some competence about himself, and has learned through experience that the way to deal with a threat or an enemy is by attack, it is likely that he will carry over into his somatic symptomatology this pattern of hyperkinetic reaction. If he has learned through experience that the way to survive is to lie low, to do nothing, or just to wait, one would expect him to develop parallel symptomatology and show evidences of hypokinetic functioning. If the person who has been on the attack in his over-all life experiences is faced with a situation in which he senses that he is totally overwhelmed, totally helpless, the tendency is to retreat to



hypokinetic symptomatology. We may say, then, that hyperkinetic activity tends to represent the assumption that doing something in relation to the threat will be of some avail, and hypokinetic activity represents the assumption that reaction is futile or that the situation is completely overwhelming—that there is no way out.

Whatever the person's manner of dealing with felt stress, whether by true psychoneurotic symptomatology, escape mechanisms, or the more bizarre symptoms commonly called psychotic, the important thing to bear in mind is that these symptoms occur in a definitely structured person—in someone who has a basic character structure. The psychoneurotic or psychotic manifestations are important, to be sure, but the factor of even greater importance is the nature of the person who has the symptoms.

To free a person of his psychoneurotic or psychotic symptoms is not sufficient. He needs to be set free also from the unrealistic aspects of his character neurosis if he is to function as a well adjusted, contributing member of society. To the extent that any person has unrealistic attitudes and assumptions, he is a liability not only to himself but to society. Contrary to the assumptions of many, the best interests and welfare of society and of the individual are not in conflict. Society benefits when the individual benefits. The difficulty arises merely through lack of perspective.

The psychoses characterized by the symptoms on which we have been focusing are called functional psychoses. There are still other symptoms of psychoses which fall into another classification—those resulting from disturbance in the brain itself. The most common of these symptoms are impairment in memory, disturbance in orientation for time, place, and person, failure in intellectual powers and ability to concentrate, restriction in interest, emotional instability, and lack of customary concern for the amenities of living, including attention to details of personal attire and cleanliness. There may also be most of the symptoms characteristic of the functional psychoses.

To have some knowledge of the factors that may affect brain cell respiration makes the occurrence of symptoms less of a mystery.

Certainly, there is room for vastly increased public understanding of the causative factors in production of all types of psychiatric symptoms, for this will help remove the stigma which attaches to them, and will assist in seeking out the right kind of help, as well as in making one's expectations about cure more realistic.

# **PART III**

## ***The Road to Mental Health***



# CHAPTER 13

## Approach to Treatment

APPROPRIATE treatment must always be based on competent diagnosis. Psychiatric examinations vary according to the function which they are to serve. There are examinations to determine whether a person is psychotic or nonpsychotic; whether hospitalization is or is not indicated; whether one diagnosis or another is appropriate; and to determine whether a person is a suitable candidate for or can make use of some particular form of treatment.

### Diagnosis

When the function of the examination is to determine whether a patient is psychotic, the examination may be completed in a matter of minutes or may require extensive history, observation under controlled conditions, physical examination, special neurological tests, laboratory, X-ray, and psychological tests. In such an examination the doctor notes such details as orientation for time, place, and person; memory for recent and remote events; awareness of current affairs; estimated intellectual capacity; adequacy of judgment in common situations; the person's general appearance with regard to cleanliness and mode of dress; manners of speech—spontaneous or nonspontaneous, voice tones, coherence or incoherence, relevance or irrelevance, flight of ideas, poverty of ideas, distractibility, or other details; apparent emotional tone—whether appropriate or inappropriate, flattened or heightened; depression, hostility or suspiciousness; nature of posture and of muscle tone; nature of all motor acts; nature of complaints; content of stream

of thought; presence or absence of hallucinations, gross delusions, or ideas of reference; and degree of insight.

Out of these details comes a clear picture as to whether the patient is psychotic or nonpsychotic, and, if psychotic, what type of problem is presented, the probable diagnosis, whether treatment can be carried out on a voluntary or out-patient basis, or whether hospitalization is required. There will also be a fairly accurate idea as to whether the problem is primarily organic (i.e., neurologic), or primarily functional, what additional tests should be made in order to complete the diagnosis, and the general nature of the treatment to be instituted.

Sometimes the history of the illness as well as the history of the patient must be obtained from someone other than the patient. There is no general rule as to whether this is best obtained before or after seeing the patient. In some cases an accurate diagnosis can be made more easily if the history is obtained first, and in others a more meaningful history can be elicited if contact is made with the patient first. Often both are necessary.

In addition to the physical examination and history, the usual aids to correct evaluation are laboratory examinations of various types, special neurological examinations including X-rays and electroencephalographic tracings, and psychological tests. Each of these represents a specialty, and seldom does one find competence in all these areas in a single individual. Therefore, the examination is a cooperative venture shared by several people. Ordinarily the psychiatrist must be sufficiently familiar with all these areas so that his is the task of correlating the data, weighing the relative significance of each contribution, and arriving at a conclusion which will determine further steps to be taken.

If the psychiatrist is not familiar with these areas, he is handicapped in assessing their significance, and may be inclined to over- or under-value their contributions. The subjective element cannot be eliminated in any test results; this is particularly true in Psychology and Psychiatry. For this reason it is important that there be close communication between the psychiatrist and the psychologist so that a maximum

of understanding is given to any psychological test report.

Once the diagnosis of psychosis has been established, there are many possible types of treatment, and the selection of the type must be based on the nature of the problem, the availability of facilities, and over-all realistic considerations. Nothing could be farther from the truth than the assumption that treatments are lacking for the various psychotic states and that having a psychosis implies incurability or that one must be "put away" indefinitely.

### Hospitalization

Institutionalization is necessary if the patient needs to be protected against himself and his unrealistic impulses, such as to suicide, to mutilate himself, to resort to undisciplined use of drugs or alcohol, or in other ways to do himself harm. He needs institutionalization if he cannot otherwise be protected from exploitation by others, as for example in the area of money, goods, services, or property. Often he needs hospitalization to protect himself against overactivity and refusal to eat.

Institutionalization may be necessary not primarily as a way of protecting the patient but of protecting society. Sometimes patients have ideas of persecution and feel it necessary to put a stop to further persecutory acts; unless restrained, they take steps to do this. In some instances they may feel impelled to obey some hallucinatory command which bids them eliminate certain people or destroy property. Sometimes they may do harm to someone quite by accident. If they suffer from post-epileptic clouded state they may exhibit a violence which seems to have neither rhyme nor reason.

In some acute psychotic states the patients require around the clock care. If this be true, it becomes necessary to hospitalize them because it is impossible for the members of an average family to support the fatigue caused by caring for them. Even in some patients who are nonpsychotic but who are acutely anxious for a considerable period of time, it may be desirable to hospitalize merely in order to give the family a rest.

In some States patients may enter and remain in psychiatric hospitals on a voluntary basis. However, this may not be either possible or feasible, and then legal commitment is carried out. This insures legal protection of the rights of the patient as a citizen and of such property as he may have. It also provides for his detention in the hospital until such time as professional experts consider him ready for release or until a court orders his release. Despite the insistence by many patients, and occasionally on the part of relatives or others who may have some contact with hospitalized patients, that there is no reason for their being in hospital, it is so rare to find a patient detained in hospital without adequate psychiatric cause that it almost never occurs.

In a wide variety of circumstances patients may also need hospitalization not as a way of protecting themselves or others but for treatment. One might add that relatively few institutionalized patients are or ever were dangerous to themselves or others. It is unfortunate that such negative feelings have tended to be aroused at the mention of mental hospitals or at the term psychosis or mental illness. In many ways it is unfortunate that the old term "asylum" has been dropped. For innumerable people the mental hospital is exactly that. It is a refuge and a haven from the stresses that impinge from every side. Fortunately, there is an increasing acceptance of the entire area of psychiatric illness, including the hospitals, but there is still much ignorance.

For some patients, just to be in the hospital is often all that is required for regaining psychologic homeostasis and a state of compensation. The customary pressures of life outside are gone; the stresses vanish. There is not the usual judgmental attitude; no insistence is made that one do better than he can. Decisions are simple, or they are made for him. Occupation is there, as is recreation, without effort and without guilt. Some experience their first taste of social conformity there and find that it is more comforting than devastating. For some there is security even in the fact of not being able to order one's own life and time and not being able to push somebody around or be pushed. By and large, things move slowly, and



urgency recedes into the background. It can be comforting. A new perspective often emerges as the patient finds life geared to his level of capacity at that moment. There is no question but that hospitals with provision only for custodial care can and do restore patients to their prepsychotic levels.

As a part of hospital treatment there is also food, vitamins, various drugs, occupational therapy of many kinds, recreational activity, special attention to personal appearance, physiotherapy, hydrotherapy, insulin and electroshock therapy, and psychotherapy. Group psychotherapy is being increasingly utilized, partly because of lack of time for individual psychotherapy and partly because being part of a group frequently aids treatment; for many patients it is preferable to individual psychotherapy. The experiencing and feeling and learning processes are often speeded up in such a group setting; socialization is fostered, and group loyalties are developed. A sense of belongingness is therapeutic. It also provides a better opportunity for the therapist to see the patient's interpersonal behavior and thereby to help the patient learn more about his assumptions.

Psychosurgery is employed as a method of treatment in some hospitals. In public hospitals particularly, however, it tends to be recommended and used only with extreme caution. It is still too early to appraise its usefulness with any degree of finality, but it would seem that it is here to stay, for it appears to serve a function in a limited area of problems. It cannot be expected to make of an individual what he never was, but it sometimes enables some patients to make better hospital adaptations, and permits some others, through lessening their sense of inner disturbance, to make better use of what they have and thus able to live outside of hospitals. A recent advance in this field is the use of ultrasonic radiation instead of surgery. This would seem to have all the advantages of surgery and few of its disadvantages.

Some patients need hospitalization because they need intensive analytic psychotherapy and nowhere outside of a hospital could this be undertaken, partly because in any other situation they would be free to

change their minds and drop treatment when the going got rough and partly because only in such a protected environment would the psychiatrist dare uncover and deal with the defenses and mechanisms of operation of the patient. In any other situation there might be suicide or other too-serious reactions to risk.

Hospitals where intensive analytic psychotherapy may be provided are too rare. In the public hospitals an occasional patient may be selected for such treatment, but most patients do not get such assistance. Budgets are too low, therapists too few, and patients too numerous to permit the expenditure of time required for this method of treatment. There are some private psychiatric hospitals throughout the country which provide this type of service, but the cost of care in these hospitals is prohibitive except for people who are really wealthy. The prices usually run up into four figures per month, and the duration of hospitalization is long.

Ordinarily, the best medical service tends to be provided patients by "teaching hospitals." There, minds are alert and abreast of new ideas and stagnation is minimized. In the field of Psychiatry there may be some doubt with respect to the advantages of teaching hospitals, not because there is no need for alert minds and new ideas but because in teaching hospitals there is a constant turn-over in personnel. In physical medicine, where the duration of hospitalization is relatively short and where essentials may be transmitted quite readily from one physician leaving a service to the new one coming on to take his place, it makes relatively little difference. However, in psychotherapy it makes a great deal of difference if a patient must constantly be shifting to a new therapist. Relationships are the keystone in this field and had best be maintained intact throughout the entire period of treatment, or at least ought not be shifted repeatedly.

Not all patients regard the hospital as an asylum. Indeed, they may see it as something sinister. They are far too rigid to make use of the facilities it offers. They merely exchange old stresses for new ones. They regard themselves as the exceptions. It might be good for other patients but not for them. Their old patterns are continued and

intensified, unless they are interrupted either by some insight brought about by psychotherapy or through the use of some form of shock or physical therapy. Since facilities for providing psychotherapy are inadequate, patients come and go without ever having been helped to arrive at the insights which they need. "M.H.B." (Maximum Hospital Benefit) is a term commonly used when discharging patients, and often indicates only one more admission of failure or inadequacy on the part of Psychiatry. Not all these failures should be placed on the doorstep of Psychiatry, for Psychiatry cannot work miracles. It works only with the knowledge and skills which are available to it.

### Out-patient Treatment

Outside of hospital there are many types of psychiatric treatment available. Whereas insulin shock treatment is always a hospital procedure, electroshock treatment is sometimes carried out on an out-patient basis. Insulin tends to be used primarily for treatment of early stages of schizophrenic reaction; electroshock has been especially helpful in alleviating serious or psychotic depressions. It has been used in many other types of symptomatology, but results here are far more variable than in the depressions.

The use of group psychotherapy is increasing. While its usefulness in many types of problems is superior to individual therapy, the two are often combined with even greater effectiveness. Analytic psychotherapy and psychoanalysis according to various schools of thought and philosophy are available to most people living in or near the larger centers of population. Bibliotherapy, or the recommendation of reading of various books or articles, is used by some, but in the author's opinion is not to be recommended for most patients, at least in the early stages of treatment, since it tends to be more confusing and anxiety provoking than helpful; it also tends to take the focus of attention away from the patient—where it belongs. For many it has served as a new defense mechanism, giving them new areas of conquest, a new imposing vocabulary, and a sense of being of the elite,

but never really touches them or brings them closer to the heart of their problem.

Psychodrama, or the presentation of common emotionally charged interpersonal situations in dramatic vignettes, where patients are both participants and audience, is used skillfully in some hands. Patients may get insights into their patterns and their feelings either through seeing them dramatized or through their participation. This, in a sense, is the same as the use of "play therapy" in the treatment of children.

Hypnosis was used extensively many years ago and then fell into disrepute because it did not really effect a cure. It removed symptoms of one kind and let another kind take their place. Later it became apparent that failure to gain insight was a chief handicap in this approach to treatment. Hypnosis still has real usefulness and its popularity is perhaps increasing. There are some who have combined hypnosis with modified analytic techniques and have found that this approach functions well in a limited type of problem. It is known as "hypno-analysis."

This list does not exhaust the approaches which are used, but presents those in general use. New points of view and new drugs are constantly appearing. Research is still minimal in this area as compared with such fields as polio, rheumatic fever, or cancer, but there is an increasingly respectable volume of it. There is little doubt but that some day our present knowledge will seem pitifully inadequate, and we will have more precise ideas in regard to causes and treatment than we do now.

There are many reasons why no drugs available at present or conceivable in the future can be expected to replace psychotherapy. Except where the decompensation symptoms are clearly based on organic body-brain disturbances, the drugs at best can only alleviate the symptoms. They can never touch the underlying character structure and assumptions held by any person, and it is these assumptions which produce the readiness to experience stress. Thus, any person who has not looked at the assumptions involved in his manner of living and

of dealing with problems will be as vulnerable to these same stresses after drug therapy as he was before. However, psychotherapy is both expensive and tedious, and too few competent therapists are available. For these reasons drugs will be found and used successfully in the amelioration of many symptoms.

People are always looking for magic, and there is, to be sure, a place for magic, but magic cannot take the place of fundamental reorientation. In hospitals which are poorly equipped to provide psychotherapy, the magic of drugs is an asset, for patients may be discharged more quickly and the necessity for indefinite hospitalization is minimized. Even possible return of symptoms and return to the hospital at a later date are more desirable, at least from the taxpayer's viewpoint, than continuous or prolonged care. When statistics to the effect that more than half the hospital beds of the nation are occupied by psychiatric patients are repeatedly drumming in one's ears, one cannot quibble about not wanting half a loaf.

### **Psychotherapy—To Treat the Cause**

The most common and yet the most unique of the psychiatric examinations is the one which is coextensive with the treatment process. In this type of examination the patient as well as the doctor is well aware that he is ill and in need of help but that he is not psychotic and does not need hospitalization. A diagnosis is tentatively arrived at early, but this does not give any clue as to what is really wrong with the patient, for that lies buried underneath all the symptoms and cannot be accurately known until the patient and his mechanisms of behavior are fully apparent. The examination thus continues until both the patient and the doctor see what the problem is, why it produces symptoms, why it exists, and movement is made toward dealing with it. Examination in this sense is actually the treatment process; it is psychotherapy. This requires a patient who is in treatment voluntarily.

The goals of treatment vary greatly. For a large proportion of patients who do not need hospitalization the ideal objective is full

insight into the factors which have produced their anxiety and handicapped them with symptoms so that they may proceed with the business of living with greater freedom, less compulsivity, and more true self realization. No one ever achieves full knowledge of his mechanisms of operation, and it is not important that he should. It is important only that he understand what concerns him now. This new understanding will apply to a large segment of his life. There may never be need for further insight, but if the time should come when more is needed, he can either seek further help or, on the basis of what he has already experienced in relation to discovering himself in one or more areas, he may be able to use similar techniques and arrive at new insights and greater self awareness unaided.

Many people who have some theoretical knowledge of psychoanalysis have gathered the idea that if they "are psychoanalyzed" they are then in possession of full self knowledge and by reason of this will not only have the key to smooth sailing but will never require further assistance. This is not realistic. Insights are never complete; they may be relatively complete in certain limited areas, but not in all. One ought not be concerned about getting greater insight than he needs. To feel that he must have all of it may be another neurotic compulsion.

For many patients with "association deficit pathology"—both those in and those out of hospital—the goal is not insight into psychodynamics as much as it is insight of others into the nature of the problems which confront them by reason of their faulty neurologic equipment. Frank attention to concrete education is their prime need. Life is not long enough for them to find out unless they have help. It takes many more exposures to a situation for it to register than it does for the person not so handicapped. They are "young for their age" in terms of experience and maturity, and much of life passes them by. One can never hope to change their capacities, but one may help fill in many gaps through education, and help them understand wherein and why they have their difficulties. They may also be helped to compensate for some of their inadequacies and to live more successfully

within their limitations. Obviously, because their capacities in the area of seeing cause and effect relationships, of perspective, and of integration are limited, they are not candidates for the usual analytic psychotherapy techniques.

# CHAPTER 14

## Psychotherapy

### Counseling and Analysis

PSYCHOTHERAPY is, in a sense, a “trade name” applied to one type of treatment of psychologic illness. Many such ills are cured or ameliorated by other agents—the passage of time, a change in fortune, improvement in health, revival of faith in God, or broadened perspective through experience or education—but these are not psychotherapy.

To use Sullivan’s definition, this form of treatment involves a two-person cooperative endeavor by mutual consent. For the purposes of the relationship, one is accepted as the subject and the other is accepted as the participant observer. The goal of both is the achievement of improved adaptation to reality on the part of the subject—i.e., the patient.

There are two main types of psychotherapy, supportive (e.g., counseling) and analytic. The first carries no implication of insight on the part of either person, while the second type, the analytic, does imply such insight into the dynamic factors in the subject’s behavior. Although there might seem to be considerable difference between the two types, the supportive therapist must have a reasonably clear analysis of the patient and his problems in order to be intelligently supportive. However, throughout this chapter I shall be referring to analytic psychotherapy.

### Motivations for Entering Psychotherapy

Since psychotherapy is a two-party situation, let us give consideration first to the question of who is a suitable candidate for therapy.



Not everyone who has a problem or is uncomfortable as a result of some symptom or is living a maladjusted or unfulfilled life is a logical candidate. The family, the family doctor, a social agency, or the Court may recognize the need for therapy and attempt to persuade—or force—the disturbed person to accept treatment. The futility of this becomes obvious if one understands the definition given—that it is a cooperative endeavor by mutual consent. Entering into the therapeutic relationship must be an act of one's own volition.

When a person feels both his problem and a need to be free from it, he may consider psychotherapy. The natural reluctance to expose the fact that he has a problem (because this implies weakness) or that he has a problem of some nature which might seem socially unacceptable should not be a deterrent to seeking help. The pre-knowledge that the therapist not only has familiarity with a wide range of problems but will not sit in judgment may help encourage him toward treatment. The conviction that it is wrong to ask for help, that one must somehow work out his own problems alone, is the very assumption that should be given the scrutiny which comes in psychotherapy.

### **The Privacy of the Therapeutic Relationship**

Sometimes a person wants treatment because someone with whom he is closely involved—spouse, parent, child, employer, etc.—is in treatment, and it is increasingly apparent that the problem involves himself as well as the other person. It may seem logical to seek out the same therapist for himself, but this is not usually desirable. Two people who are closely involved with one another should, if possible, go to separate therapists if treatment is to run concurrently.

Patients slant the information given in their own fashion and give it a sequence dictated by themselves. It is important to them that the doctor not know certain things until they are ready to tell him. The doctor who has prior information, particularly when the patient does not know how much or how it has been presented, becomes an actual

or potential enemy. To have separate therapists minimizes the feelings of disadvantage which the patients may have and reduces the temptation to disagreements about the meaning of what has transpired in the therapeutic sessions. An exception to this occurs in group therapy, where whatever occurs is within the possible scrutiny of the other.

Sometimes relatives of patients seem to forget that it is not they who are in treatment, and they try to consult with the doctor about the patient. They may feel rebuffed when the doctor does not encourage exchanges and regards the doctor-patient relationship, with its implied trust, of such importance that he cannot permit any interference with it.

The question of the patient's age as a determining factor needs consideration. Psychotherapy with children requires special training which is not ordinarily a part of the training for therapy with adults. Likewise, therapy with adolescents requires somewhat different skills from therapy with adults or with children. It was customary in the past to regard patients over forty as poor treatment possibilities. This point of view is not sound, since the chronological age of the person is not as important as the kind of person who has the problem. Some people have been old or inflexible all their lives, whereas others are still growing and developing at sixty to seventy. This latter type of person can make use of psychotherapy long past middle age, though the physical changes associated with advancing years do tend to make it increasingly difficult to make constructive use of any type of therapy other than supportive.

### **The Implications of Payment**

Because of recognition of the importance of money to people in our culture, the ones who first established patterns and trends in psychotherapy wisely insisted that money be paid by patients for therapeutic service. A person who was unwilling to do so was considered to be expressing a devaluation of the services rendered and thus to be a poor treatment possibility. A more important consideration, however,

is that money transfer symbolizes something tangible going on between the patient and the doctor and can be successfully used as a basis for understanding many of the values and therefore the assumptions and methods of operation of the patient.

Money is tied to many of people's fundamental assumptions. Money and the patient's attitudes toward it almost invariably need to come in for scrutiny, and it is helpful if actual incidents with the patient's attitudes toward it can be *experienced* by the therapist. Much of the life experiences of the patient cannot be shared by the doctor except as these are related to him verbally from memory—which has a peculiar habit of being faulty. Money, however, is a permissible (because realistic) area for contact between the patient and therapist and needs to be utilized fully.

The amount of money is not important, as is demonstrated by the fact that clinics charging "according to ability to pay" can and do carry out a great deal of successful psychotherapy. The fee may be as little as paying one's own carfare, if that is all the patient can afford, but there is something basically sound about the assumption that a thing is valued in direct proportion to what it has cost one. It further provides some index of the patient's sense of urgency for treatment. An additional problem arises where the patient does not pay the fee but the cost is borne by some other person. This adds a complicating factor and in occasional instances is sufficient to warrant refusal to accept for treatment, but more often the situation can be used as a focus for better insight into the patient's methods of operation. It is a rare adult who does not need clarification of his value system with respect to money.

If one has acknowledged realistically a need—and desire—for psychotherapy, the next question to be considered is the kind of person who would make a suitable therapist. In this field of work, as in every other, there are wide variations in competence. Fortunately, one does not need a "perfect" therapist; it is only out of one's neurotic or felt needs which insist on perfection that such demands come.

### Medical or Lay Therapist?

There has been much controversy over the question of medical training as a part of the therapist's equipment. Particularly because so many psychiatric patients have physical symptoms, there is the further question of whether the therapist himself should do a physical examination on the patient. Sometimes the symptoms spell out no possible organic pathology and are clearly functional or of psychopathologic origin; but there are other symptoms that might well have either an organic or a functional basis, and how to proceed in such instances is an important decision. Therefore, ordinarily, for the overall benefit of the patient a thorough physical examination should be made by a competent diagnostician.

This factor of physical symptomatology constitutes one of the reasons why psychotherapy is primarily a concern of medicine rather than of psychology, sociology, theology, or education. A background of medical training gives the psychiatrist a sound basis for sensing the nature of the physical symptomatology. It is the only background which enables the physical diagnostician to communicate his findings to the therapist with confidence that he is being understood and that all the implications are clear. It is the only background which eliminates the need for repeated physical diagnostic procedures merely in order to make sure that one is not overlooking some organic pathology. Besides these reasons, the medical doctor, the psychiatrist, is the only one whom the law designates as legally competent and responsible for patient care. It becomes obvious that in many cases the medical therapist is preferable.

Not all patients have physical symptomatology or pathology, however, and there is no reason to assume that such patients can be given more competent psychotherapy by a physician than by anyone else who has the requisite psychologic training and qualifications. Whereas one frequently hears of nonmedical therapists (and possibly even psychiatrists also) who have become so engrossed in psychodynamics that they have overlooked organic pathology, there are probably more

instances in which a conscientious physician has treated patients with medicine and surgery while remaining blind to the real problems, which were emotional or psychologic.

### **The Sex of the Therapist**

The question of the doctor's sex seems important to many patients. They may be carrying with them the feelings derived from childhood which make them distrust men—or women—or make them feel that they cannot talk freely to one or the other sex. However strong these convictions may be, it is ordinarily found that sex makes no difference in results obtained. A therapist who produces an initial discomfort may well turn this discomfort into a helpful tool, and the patient will find that the sex of the doctor soon becomes inconsequential and is overshadowed by the more important question of what kind of person he is and the degree of his skill.

### **Must the Therapist Have Been Analyzed**

Some feel confident only when they know that the therapist "has been analyzed." There is reason to question the assumption of the sole adequacy of this type of experience to produce able psychotherapists. Whether for patients or for prospective therapists, the only sound motive for analytic treatment is a sense of distress with regard to oneself. Unless the "training analysis" that the therapist has undergone has dealt with his defense patterns, and he is able to see these in relation to defense patterns in general, he will have derived little from his analysis toward becoming a better therapist. If he has known what it means to face the anxiety associated with defenses that do not work or from the challenging of cherished assumptions, then he can have true empathy for the pains of the patient.

A qualification closely akin to this is the therapist's ability to find people enjoyable and comfortable. This implies that the doctor must have been involved with living and with feeling—otherwise he will be suffering from the same kind of disorder as the patient, who cannot let himself have feelings. Inasmuch as one of the common psy-

chiatric disorders of patients is an inability to love, it is well to be sure that the doctor is not similarly handicapped. This is not only a new experience in insights but a new experience in relationships. Technique is not sufficient; psychotherapy requires that the doctor have feelings of true involvement with the patient.

One might be tempted to say that the age of the therapist makes more difference than the age of the patient. Younger therapists are perhaps more prone to follow some precept learned from an "authority" rather than to sense what the present situation calls for. It is often harder for them to become truly involved with their patients while still maintaining objectivity. One young student aptly described this difficulty with patients when he said he was so intent on being alert to psychodynamic factors, lest his teachers find him napping, that he could not remember to keep in mind the patient as a person.

When selecting a therapist it is not unusual to give consideration to the factor of cost. Because of the practical considerations of the long time ordinarily required in order to carry out successful psychotherapy, there are few doctors who can afford to take care of patients free of charge. One might also question the emotional soundness of the therapist who will continue to give away his services in this manner. It might be that he has a neurotic need to "do good" or that he has a neurotic inability to turn any one down. It might be that he has a neurotic need to work harder and longer than is realistically called for. It is even possible that he has a neurotic inability to charge or to ask for a fee. It may be a disguised way of devaluing his services. He may also have a neurotic need to have other people in his debt. There is something basically unsound about the doctor who is too ready to give himself or his services away. To be the recipient of such magnanimity places the patient in a position of disadvantage, and it sets the stage for hostility on the part of each toward the other.

It is helpful if the therapist is a person sufficiently intelligent not to be defensive as to his own intelligence or qualifications. This intelligence need not be primarily in the area of factual information—although a broad fund of information is no handicap—but rather the

kind of intelligence which produces the capacity for integration. This kind of intelligence enables him to see relationships, to come to conclusions which have not been charted, and to handle new problems not by rote but as the situation demands.

The sound therapist is not only one who has the proper background qualifications, the capacity for liking people, and basically good intelligence, but one whose own life is relatively full and satisfying. It might at first glance seem impossible to determine such factors, since patients have no way of prying into the lives of their therapists. However, the presence or absence of neurotic "rusts" or "have to's" will be the indicator. If he is sound he will not use the patient to fulfill his own neurotic needs, whether these be for financial gain, for success, for status, for reassurance in any area, for love, for companionship, for sex, or for meeting any of the needs which human beings have.

The patient with his needs for love, for a job, for broader experiences in living, or his need to be a nice or a compliant person, may tempt the therapist to fulfill these needs directly. The more basic need, however, is not to fulfill these needs directly but instead to help the patient understand them and to work out his own solutions. If the framework of the relationship has been stretched to include more than the professional therapeutic relationship, the patient has been done an irreparable disservice and the doctor will have violated his trust.

### Schools and Techniques

There is no magic in any one specific manner of approach or technique. Many hold that Freudian "free association," or the relating of anything and everything that crosses the patient's mind while in the therapeutic session, provides the best assurance of success. Clearly, however, there is no such thing as complete verbalization. Whereas the question-answer method (which is the antithesis of free association and which is greatly desired by passive or dependent people or by people who have a great need to maintain full guard) might well be considered the most futile approach to therapy if it is to be the sole method used, there is room both for completely free verbalization and for in-

trusion of interruptions by the therapist.

Magic has also been attributed to the use of the analytic couch. There are some patients and some situations in which the use of the couch is distinctly helpful, but this is not a general rule. The same may be said of dream material. This is due at least in part to the wide variation in skill in this area, since dreams themselves have a special value to the patient. Dreams are the product of the patient only; he constructed them by and for himself. They always have relevance to the present and to current life situations even though they may deal with the past. Dreams are shorthand notes or feelings expressed in caricature. However helpful dreams may be in clarifying the patient to himself, successful therapy can be carried out without regard to dreams. If the patient is sincere in his desire to know himself and to grow, he will find that there are countless ways of gaining insight. Important material is never expressed only once; it has a way of insisting on attention. The direction of movement is all toward clarification and wholeness rather than toward obscurity and division.

Psychotherapy is not merely a place to unburden oneself of his troubles or to air one's venoms or discontents with assurance that one will be listened to because one is paying for it. It is not a place to go to get sound advice or to get permission to do what one knows he may not do. It is not even a place for confession of guilt. It is all these things at times, but it is more. It involves clarifications. There is clarification in regard to what are the usual and regular patterns of one's life. There is clarification of the assumptions one holds which result inevitably in the behavior and the feelings one has. Awareness of one's assumptions or beliefs calls for clarification with regard to their meaning—how they came about and what purpose they were intended to accomplish. Finally, there is clarification of the discordance between one's assumptions and reality—the way things actually are—and the significance of this for one's sense of disturbance or well being.

Psychotherapy involves clarifications not only with respect to oneself but with respect to those with whom one is or has been involved. Since psychologic stress is an *interpersonal* phenomenon, it is clear that



sole attention to oneself would avail little. One needs to discover what transpires in the interpersonal situation, and why. This does not mean that one concentrates on the blemishes and inadequacies of the other person and bemoans them or looks for a way to make him change. *The person to do the changing is the one who complains of discomfort.* This in itself involves changing one's assumptions, since merely to grasp that it is oneself who must change is a change in assumptions.

The conduct of psychotherapy involves no set rules or prescribed patterns which will guarantee "good results." There are many theories or philosophies used by the various therapists throughout the world. Each has achieved successful results. In our culture Freudian theory and technique is undoubtedly the one most extensively used. Otto Rank, Carl Jung, Alfred Adler, Harry Stack Sullivan, Karen Horney, Carl Rogers, and many others whose names are not so well known have made great contributions and acquired disciples. One might ask how practitioners from each school of thought achieve satisfactory results in treatment when the theories that lie back of performance vary so greatly. Are the theories of major importance in treatment, or are results achieved irrespective of them?

The answer is simple. No matter what the theory, *there is one fundamental technique which is used by all: the elimination of hostile or morally judgmental attitudes against the patient in treatment.* No matter what the patient says or does, the therapist treats it as a fact to be understood rather than one to be judged. To be sure, critical evaluation is fostered, but the moralistic approach is conspicuously absent. People become free to get well in no other atmosphere than in the nonjudgmental. This does not imply either an indulgent or a "forgiving" attitude on the part of the therapist but rather one of critical objectivity free from blame or praise.

The theory which has been presented here seems to the author to cut across other theories, using the essence of the therapeutic process of all but integrating the factor of morally judgmental attitudes into the heart of the problem, as well as to the cure, rather than treating it as a detail apart from the whole. The theory here presented may, I hope,

have advantages over other current theories in that it is not fixed or limited by either time or place but is expressive of the culture in which any individual finds himself. It should apply as well to people in the Orient as to those in Western culture and to any period in history. It postulates no fixed patterns by reason of biology (except the survival drive and the drive for maturation) or of presently known factors, but postulates only that people who are members of society—any society—have therefore developed a psyche, and that every psyche has both structure and function; that these are knowable in any individual, however unique.

### Motives for Entering Therapy

People commonly come for treatment because of symptoms which distress or handicap them. They are concerned with getting free from discomforts. Little by little they learn that the symptoms merely represent incongruities between their assumptions about themselves and other people and the realities of their interpersonal lives. Thus, while the symptoms will get attention to the extent that they help pinpoint the problem or direct one to the area of stress, *it is not the symptom per se which is important but the manner in which one is living his life*. No symptom is out of context with this fact.

In addition to the presence of uncomfortable symptomatology, there is the more basic fact of the limitation of development of the individual which has resulted from his efforts throughout life to avoid anxiety. If treatment results in symptoms being removed or dissipated without any modification in character structure or in basic assumptions concerning oneself and other people, one may consider that nothing of any importance or significance has taken place even though the patient is more comfortable; the cure effected in such circumstances is no cure at all.

Because a person throughout life has relied on his defenses—his ways of behaving which brought him interpersonal security in his dependent states—in all his interpersonal relations, he has thereby been prevented from growing and developing in some appreciable

measure. Since perception tends to be limited by one's value system, the individual has seen only what is in accord with it. Experimentation will have been limited, since what is "different" is deemed to be bad and dangerous. Growth through experimentation has been hindered because of the demand of the value system for complete adherence or for conceived perfection. Failure of performance has been avoided by this pattern, to be sure, but a limited area of conceived perfection has been substituted for more complete development. He has been kept from fulfilling himself because his talents and potentialities were in their nascent state rather than full-blown. Stunting is an inevitable consequence of building and maintaining a defense system.

Isolation from people, which is the antithesis of what man needs and thrives on, has been fostered by moral judgments for and moral judgments against himself and others. He has lost contact with his true feelings through his permitting himself to have only the feelings which other people determined he should have, and through this loss of contact with himself he has lost contact with other people and cannot truly communicate with them. There is no true relationship possible where facades or masks come together. No one dares reveal his inner self to another because he assumes that only his facade or mask would find acceptance or freedom from morally judgmental attitudes. One cannot have togetherness with someone who is trying to make an impression.

The identification of an individual with his psyche (his moral value system) limits growth and development and shuts him off from "the good life" through shutting him off from other people. He is shut off from them either by reason of his inability to have honest communication or by reason of the element of moral judgment. The latter makes him superior, smug, arrogant, resentful, haughty, condescending, contemptuous, and therefore unapproachable, or it makes him sensitive, apologetic, guilty, or shameful—all of which cause him to withdraw from people lest they see his defects or criticize him.

Only when a person can bear vulnerability can there be growth. Another way to say this is that whoever has to feel safe will be a stunted

individual who only exists. It is almost a universal delusion of man that he can achieve safety or security, and one of the ways he tries to attain it is through striving for "perfection." It is common to think that it is some other person who is a perfectionist—but not oneself. However, the fact is that everyone is involved in this neurotic drive to some extent. It may be with respect to cleanliness, to handling of money, to use of time, to "being fair," to being honest, to doing one's share, to being non-dogmatic, or even to being a nonperfectionist! *Everyone seeks to keep inviolate those patterns which he deems give him security*, but it is an ironic fact that the very effort to gain security produces the failure in development and in wholeness—i.e., perfection in its true sense—in individual humans. Perfectionistic strivings represent not wholeness but merely a neurotic symptom which is the antithesis of wholeness or completeness or perfection.

### Moral Judgment and Morality

The thesis that the heart of every human problem is the morally judgmental attitude will undoubtedly be disturbing to many people. They will immediately jump to the conclusion that the theory says in effect that there should be lawlessness, unbridled freedom, lack of respect for conventions and established moral practices. On the basis of such erroneous conclusions they will close their minds to what in fact is really being said.

Words have a way of clouding the picture. Any word—every word—may connote a meaning to one person that it does not necessarily have for another person. People communicate with the greatest of difficulty. Let us see, therefore, whether we can be patient while we come to a common understanding of what is meant (in this particular presentation) by the use of the terms "moral judgment" or "moral values" or "morally judgmental attitudes."

Moral judgments are characteristically human. They are used by everyone when considering any human attribute. Each of these attributes is given an arbitrary moral value which makes it right or wrong, good or evil. Such value is placed on it as the result of one's own ex-

perience. If the attribute or quality has brought security it is accounted right, while if it has brought insecurity it is accounted wrong. In a majority of instances the security or insecurity experienced was derived from the attitude of some significant person who became, in effect, "the authority." It was not recognized that such moral valuation placed on the attribute was not universal, or that it might be questioned—except, of course, by people who did not know any better (with condescension in the voice tones).

Another characteristic of moral judgment is that it is regarded by every one using it as a finality or an ultimate without reference to the situation or the context in which it operates. Yet when we really think about it, we know that it is so difficult as to be actually impossible to pin a moral label on to any quality of a person—or, in fact, on to anything—without reference to the function which it is to perform. Who is to say, for example, that our Western culture's obsession with "progress" and all that goes with it—incessant work, perfectionism, thrift, self-denial, competition, etc.—is "right" and that idleness and "easy living" are "wrong." One must have some reference point.

Moral judgment has some characteristic earmarks. It regards itself as final and therefore fosters closed-mindedness—with feeling, if challenged. Negative moral judgment is revealed in the tone of one's voice or in one's facial expression rather than in the actual words said. One might say "He is a liar," and be making an objective, dispassionate statement—with no moral judgmental implications—or one might say "He is a liar" with fire in his eye and contempt in his tone—in which case there is no question about the moral judgment. It is a condemnation. Instinctively one feels that it is a kind of behavior which the person making the remark would certainly not be caught doing.

A morally judgmental attitude is one that condemns or praises but makes no effort to understand. In fact, the essence of a morally judgmental attitude is its failure to recognize that there is anything to be understood—that the detail of behavior reacted to (whether in oneself or in another person) has a history and a reason for being. It gives no heed to the fact that every person is doing the best he can (to survive)

at any and every given moment of time, *given the assumptions he holds*.

There is no cruelty which exceeds the cruelty of negative moral judgment. There is nothing which people fear so much. It expresses itself toward others in contempt, ridicule, satire, condescension, disdain, scorn, sneering, or derision. Toward oneself it is expressed in guilt, shame, self-abasement, apology, secrecy, defensiveness, or low self esteem. Positive moral judgment toward others is expressed in admiration, respect, or approval. Toward oneself it is expressed in smugness, conceit, or pride.

Are we then to have no moral judgments? Are we not to account *anything* as right or wrong? The answer to this is that only God knows. There may be an answer in the two "New Commandments" which admonish man to "love God" and to "love thy neighbor as thyself." Concerning everything else we can be tentative—relative—considering the detail in context and with the degree of perspective available. We probably will conclude that "this seems more right—or wrong—(functional or nonfunctional) than something else." *But when we have approached it in this fashion, it no longer is moral judgment; it has moved into the realm of critical conceptual judgment or critical evaluation or realistic appraisal.*

It is common for people to see that the other person's moral value system—and hence his moral judgments—is archaic, stereotyped, pre-scientific, or obsolescent, while at the same time he regards his own as in quite another class. Herein lies the danger, for it is forever the same story at any level of operation: The beliefs I hold are right (or I wouldn't hold them) and the beliefs of others are wrong insofar as they do not accord with my own.

The process of psychotherapy according to the theory here presented is the process of gaining insight into the fact that it is moral judgment in some form which stands in the way of growth, experience, communication, wholeness in himself, and togetherness with his fellow man—in other words, with the good life. It is moral judgments which are at the bottom of a major part of psychiatric symptomatology, for they

create entitlements, frustrations, guilts, and helplessness. The moral value system of any person *is* his neurotic structure and is the occasion for such symptomatology as he develops. It is the basis of felt stress.

### The Goal of Therapy

Psychotherapy is the process of becoming "reality oriented" rather than moral value oriented. This involves getting acquainted with your own wants, feelings, capacities, and limitations—divorced from moral judgments regarding them. Many people have been forbidden by their moral value system from having any anger because to be angry was wrong; or they have been forbidden from having any pleasure because pleasure was evil; or they have been forbidden to act in their own behalf because that was selfish, hence wrong; or they have been forbidden from having tender feelings because that was weak and therefore to be abhorred; or they have been forbidden to recognize a need for help because it was bad to be weak; or they have been forbidden to enjoy eating or sex because these were physical pleasures, hence bad. Many have kept themselves going on "pep-pills" because it was wrong to give in to a feeling of fatigue when there was still work to be done.

No one will go far astray if he stays close to his feelings and therefore to himself. The trouble has been that you have never been permitted to find out about your feelings but have had only spurious feelings—the ones you thought you were supposed to have. When you discover that your feelings (once they are divorced from moral judgment factors and are reality oriented) are not dangerous or silly or self-defeating or harmful to others, but realistic, you will have taken the first step toward acceptance of yourself.

When you can begin to accept yourself as you are—without praise, without shame, as you accept an objective fact in nature without moral judgment—you are in a position to begin to make true development and to grow into your full potentiality. You are then in a position to begin to make genuine contact with other people, since the barriers of moral judgment have been removed. No person can truly accept the

frailties of another person until he can accept his own. If he must be defensive about his own make-up, he must make others feel uncomfortable about theirs.

Unlovely symptoms or ways of behaving disappear automatically when a person has lost his defensiveness in some area. If one no longer has a neurotic need to be this or that, he can more comfortably be himself—natural. This is important, since *most of the behavior, which is regarded as nonacceptable is merely a pattern of behavior arising out of the tension and anxiety of defensiveness*—of moral judgment against oneself, of maintaining invulnerability. To live with a feeling of apology for yourself—which is another way of saying moral judgment—can breed nothing but unhealthy behavior.

*Giving up one's moral value judgments does not imply giving up use of critical conceptual judgment.* Man needs all the critical evaluative capacity he can muster. But there is a difference between the two. The one is acceptance of a fact being a fact even though it may not suit him, and the other is a condemnatory attitude. The one accepts causality while the other sees the detail as a detached, unrelated event in time and space. The one sees the assumption which lies behind the behavior and knows that the only approach to the behavior is through the assumption, whereas the other sees only the unlovely behavior. It sometimes seems almost impossible for people to omit moral judgments where other people are concerned, although critical conceptual judgment would be more to the point.

No person feels smug (positive moral judgment) about having behaved in a manner that he regards as functional or practical. You do not take a moral pride in wearing a coat when it is cold or in eating when you are hungry or in keeping your hands off a hot stove. To feel smugly superior is to acknowledge that you see no practicality in an action but are nevertheless, inordinately pleased with some detail of behavior. Although you do not recognize it, you are feeling like "a good boy," patting yourself on the back, because your significant person of long ago would have approved of (positive moral judgment) your behavior. A person feels smug only to the degree that he cannot



see the realism in his behavior. If he sees his behavior as realistic, he will probably be glad that he has done whatever he has done but he will not feel smug or virtuous.

It may be difficult for a man (or many men) to see anything practical about sharing or cooperation or honesty or a thousand other ways of behaving which are ordinarily conceived of as "morally right." If he cannot see, *if the reality of the interdependence of man has no meaning for him, then he as well as society around him are best served by his keeping his anchor solidly placed in his moral value system* which keeps him behaving in a more or less socially acceptable fashion. Thinking moralistically, however, is always dangerous, since it fosters smugness and guilt—and symptoms. The best that may be said for it is that it serves as a guide for those people who, either by reason of lack of information or lack of integrative powers, have little capacity for perspective. It also serves as a short-cut for people who do not take the time to think.

Morally judgmental attitudes seem to be inevitable in parent-child relations because children lack both the facts and the neurologic equipment necessary to arrive at realistic conclusions, to understand relationships between cause and effect, and to have perspective. The more maturity people achieve, the less they should have to lean on moral judgments as guides to conduct. Judgmental attitudes arise from past experiences and past authority and do not reflect understanding of a situation. To say that a detail of conduct is morally right or wrong is merely to say that one lacks perspective; that he has not faced the implications or is ignorant of them and has not come to conclusions dictated by the use of critical judgment. Again it must be emphasized, however, that there is a problem in semantics, and what some people would stoutly defend as being properly called "moral values" or "moral judgments" would be considered by this author to fall properly into the category of reality appraisals or critical conceptual judgments or evaluations.

To doubt what you have been taught in the area of moral value judgments is ordinarily regarded as one of the most serious of sins.

People may do practically anything and expect to be "forgiven," but *only* if they continue to accept the authority (value system) of the ones who have taught them. Since doubting is associated in the minds of people with such serious consequences (abandonment here or hereafter), it is not strange that people suffer grave illnesses of the soul (psyche) rather than doubt the validity of the value judgments which they have incorporated. However, the path of growth lies in the acceptance of insecurity—which is commonly synonymous with guilt—dictated by reality considerations.

The value system of people is surprisingly unrealistic, often forbidding behavior which is in their best interest and demanding behavior which is self-destructive. When people in treatment are encouraged to experiment with behaving realistically and for their true welfare in some detail, they can hardly bear the guilt which this entails. They revert again and again to the patterns which they have always followed and which led them invariably into resentment. However, if they are willing to stand the guilt produced by realistic behavior, they will learn that the guilt gradually lessens. If they persist in the unrealistic behavior which produces resentment, the resentment increases. This circumstance, the diminishing guilt with realistic behavior and the increasing resentment with unrealistic behavior, is fortunate, for without it treatment would be futile and people would never become realistic or mentally healthy.

The vastness of everybody's moral value system is beyond belief. It touches everything he does and says and thinks. If each person could but compare his own concepts of right and wrong with those of his neighbor, it would be a hilarious experience. Yet each one takes his value system most seriously, for, indeed, he lives by it, he feels by it, and he judges others by it. Even the most "liberated" people do not escape from it except minimally.

It is clear beyond question that to give up one's moral judgments and substitute for them reality judgments will not turn life and society into chaos. "Good people" will probably continue to do most of the things they have been doing hitherto because doing these same things will now make sense to them, and "bad people" will make many

changes for "the better" because such changes obviously are called for. When a person ceases to operate in a certain manner because it is "right" to do so and does the same job because it is seen as practical and realistic to do so, that person feels better physically and emotionally and is easier to live with.

It hardly requires emphasis that the term "moral judgment" is, in my context, one that implies an essentially meaningless judgment. Morality has altered from generation to generation, from culture to culture, from family to family, and from person to person. Too often it has been only that which an authority espoused for reasons of personal gain—if not materially, then emotionally. The fear that "reality oriented" behavior would lead to anarchy, disregard for other people, ruthlessness arises from the notion (assumption) that man is bad—or else the assumption that he is, when free to be himself, totally unrealistic or nonperceptive of his own security. For who but the emotionally disturbed human being could ignore the realistic necessity for cooperation among people? Who but the frightened, defensive man could operate as if others represented enemies rather than his realistic allies for survival? Thus, reality oriented behavior is cooperative behavior.

However obvious the thesis, an approach such as the one outlined is revolutionary because every culture is firmly built on its own moral value system; life seems almost inconceivable without moral values at the very core of *all* behavior. It will not be popular with any group vested with authority, and it will not be popular with those who do not have faith in people—including themselves. Fortunately, perhaps, we are not called on to make any radical changes in the status quo—but only in ourselves. We do not have to be concerned about whether John Doe or Mary Smith would be competent to live by reality oriented judgments but only whether we, ourselves, can drop our moral judgments.

### **Change is Gradual**

Discovering the magnitude of these judgments is a lifelong job. Often the changes in one's behavior which are made as a result of

discovering a pattern and its value system basis are minimal, but real changes have taken place nevertheless; these real changes are in the area of attitudes regarding behavior. When these are changed, the entire situation has changed. Strains and tensions diminish in direct proportion to the deletion of morally judgmental attitudes—whether these be toward ourselves or toward another person.

The process of change also involves a giving up of the insistence that the other person—the one who is “causing” all our discomfort and symptomatology—must change. It always seems true that this other person (or persons) *has to* change so that we, the uncomfortable ones, may be free from discomfort through no change on our own part. Our own patterns, we feel, must be maintained at all costs because we are the ones who are “doing right.” It is customary not only that people hope that the other person will change “for the better” but that they regard it as morally right to have such hopes. Since it would be “wrong” to lose hope, they go on being miserable.

On the basis of repeated experience with this other person, the realistic person should have come to some definite conclusions in regard to what this other person’s habitual patterns are and then have *faith* that they will continue to be consistent rather than have hope that they will change. Out of experience arises faith. Hope is for those situations where we are in new or strange territory. When we do not know, we may hope for anything. It is changes such as this—from hope to faith—which produce the guilt of which people in psychotherapy are afraid.

This does not mean to imply that people (even “the other person”) do not change. People certainly do change but rarely as the result of any hope on the part of some person. Indeed, we find that remarkable changes do take place in “the other person” once he has been accepted on faith (faith that he will not change) and he is treated in accordance with that faith. No making believe will suffice, for then it is not genuine but a game of manipulation and maneuvering. There must be no strings attached, in the sense that “if I do so and so, it will make him do thus and so.” Every person is his own, and we cannot be our

brother's keeper, much as we might like to or even if our moral code says that we must.

The process of gaining insight has to do with discovering how symptoms are produced by the stress engendered through behaving in accordance with our assumptions, with their symbolic significance. Discovering how our value system was developed in order to achieve interpersonal security when we would otherwise have been helpless is a further step in insight. Now we can begin to see also that it may be safe to give up our assumptions regarding the absoluteness of our value systems inasmuch as we are no longer in the helpless state which required these patterns. However, to see these things intellectually is not the same as being convinced emotionally.

True conviction is an emotional experience and comes about not through seeing clearly something which is a part of our past—even the past of five minutes ago—but by seeing clearly and with feeling the significance of our behavior and feelings of this present moment. We discover ourselves actually involved with the very same situation we have been recognizing intellectually. Such insights may occur in the treatment session or outside it. They seldom come when we are looking for them but more often occur unexpectedly. They may be of small intensity, or they may carry tremendous impact. Often patients want some directions or some programs to carry out so that they can “move faster.” Programs will not help, but “catching oneself” at whatever one is doing symbolically is always helpful.

As a part of the new orientation there must come a realistic shifting of your center from outside to within yourself. What you do or do not do needs to be determined on the basis of what realistic implications an action has for your own life. The reactions of other people are no longer the prime determining factor. This is one of the hardest lessons to learn and to implement, but it is essential to mental health. At first patients fear the guilt of “selfishness” which they have equated with something evil. They also fear reprisals. Perhaps most of all they feel lost and bewildered, for they have lived a lifetime without having ever really consulted themselves about their own lives. It is a frightening

experience to discover "I and my feelings count too," and it is at first overwhelming to feel responsible for yourself and your own decisions.

Acceptance of oneself and of others is a term that is frequently misunderstood. Many think that "to accept a person" is the same as to like or to find him acceptable for some purpose they have in mind. This is not the way the term is used here. It means, rather, that one accepts the fact of an entity being what it is. One can accept a brick as a brick and a book as a book whether or not one has any liking for or any use for either. There is no effort to insist that they be or become something other than what they are. Some might call it realistic resignation, except that the term resignation bears with it the implication of an emotional disappointment and a giving up with reluctance. There may, indeed, be disappointment when this is applied to people, but acceptance does not imply a morally judgmental attitude toward the source of the disappointment.

Once acceptance of the other person has taken place, the changes that may need to come about in yourself are varied. The change may need to be from one who sulks to one who speaks his piece. You may need to begin making demands rather than expect that what you want will be offered you. Perhaps you need to stop making demands and learn how to live with what you already have on hand or learn to do for yourself. It could well be you need to learn how to say "no." Perhaps one needs to learn that it is not lack of love but rather resentment that makes an uncomfortable home and marriage. You may need to learn that feeling entitled has little realistic relation to the abilities of another to reward you. One may need to learn that open conflict is not necessarily the worst thing possible. We need to discover the various ways we contribute to the uncomfortable situation. We need surely to find out that we can stand on our own feet and that we do not need the other person to bolster, inflate, or reassure us. We need to discover that compliance is not necessarily a virtue. We need to learn that the other person's value system is as realistic to him as ours is to us.

When you become a truly *self*-centered person you will have a concept of sin which seems the more realistic the more you think about it:

Sin is anything which does harm to yourself. If you use this criterion as a "North Star," you will not only grow to full stature but will assume a proper and realistic relation to your fellow man.

### Self Analysis

The behavior of any person is dependent on his assumptions. The fact that the most important details about a person are in the area of things he takes for granted constitutes the reason why self analysis is so difficult. You cannot easily challenge the validity of something you take for granted. However, there are not enough therapists to go around. Besides, there are many people who can do a great deal toward true self understanding if they but have a few cues or guides. The public has been conditioned for a long time to accept the belief that only a "deep" analysis—probing into the "depths of one's unconscious"—is the only remedy that is worth while. This is not according to my belief, for there is nothing either mystical or magical about discovering oneself. To be sure, no one ever sees the whole of himself, but he can discover enough to make the little piece of life with which he is dealing, and which is giving trouble, intelligible.

If you would honestly like to know yourself better and through that understanding see why your life situation is what it is, you will look for exactly the same things in yourself that a therapist would look for. You will (1) be alert to discover your repetitive patterns of behavior; (2) note your assumptions with regard to proper and improper behavior in both the actor and the reactor; (3) discover what things you feel you "need" or "have to" have fulfilled either by yourself or by others (the more important the value to you, the stronger is the feeling); (4) pay special attention to the circumstances which provoke a sense of threat to your defense structure shown through any degree of such feelings as rage, withdrawal, resentment, shame, contempt, guilt, helplessness, fear, or anxiety (or their counterparts such as pride, smugness, and self complacency); and (5) to note the same with reference to your physical or behavioral symptoms. For every detail you discover, you must always be prepared to ask "why?" The answer can always

be found, and it will have something to do with security operations. People would never do what they do were they not trying to be safe.

Self analysis is difficult not only because it involves things we take for granted but because it lacks the relationship inherent in psychotherapy. It is easier to begin to accept yourself when you find another person believing you are worth while and believing in you. It is also a safe place to begin your experimentations in the new life, whether this be to show warmth and tenderness and trust or to show negative and hostile feelings. However, sooner or later, the things that you learn in the therapy situation must be carried out in the world outside.

There is an unfortunate misconception on the part of many people that all that has to take place in therapy or "analysis" is for the patient to obtain some insight into the meaning of his behavior, an awareness of some past trauma or false assumption that blocks his normal behavior or pursues him like a shadow, and then magically he is a new person, able to go about free from shackles, a "cured" individual.

There are patients who *do* experience such insights, wherein they actually see, as it were in a single panorama, their present patterns of behavior along with their past determinants and the symbolism they have unconsciously carried out. This is a tremendous experience, but rarely from this point on is the patient able to "take up his bed and walk." Usually it marks the spot where he can get out of bed and experiment with creeping. The business of reeducation or of beginning to learn how to live without your defensive armor is not accomplished in a hurry and is associated with doubt and discomfort. The patient is unprepared for experiencing the magnitude of his unrealistic behavior or of encountering it in the most unexpected places. When this occurs there is often great discouragement and sense of helplessness again after the patient had thought he had arrived at smooth sailing. Yet in this is provided the basis for additional insight and growth.

Since growth and development rather than "cure" are the realistic goals of treatment, time is of the essence in the process. It takes time



for enough of current life to transpire to be of use in therapy, and it takes time for insights to develop and to solidify—to become current. Then it takes time for new patterns to be established. Only rarely does life play into our hands in such a fashion as to provide the necessary grist for the mill precisely when we want it or because it would be handy to have it for treatment purposes.

Contrary to the expectation of many patients entering upon treatment, the goal of therapy is not the elimination of their symptoms alone or even elimination of their conceived blemishes and inadequacies (so that they may emerge from treatment “perfect”) but the reorientation of their philosophy of living in such a way as to enable them to live with inadequacies and imperfections without defensiveness. This not only eliminates the cumbersome symptomatology but orients them toward themselves in a realistic fashion, and it enables them to accept other people without morally judgmental attitudes—the prerequisite of true relationships. There are many inadequacies or “blemishes” which are purely symptoms, whereas others are real. If you can accept your real limitations, your symptomatic inadequacies will depart.

With this type of self-acceptance there is then the best possible setting for growth and development of your true self. Maslow has called this “self-actualizing.” Fromm has presented the concept of the “productive” individual—the one who unfolds or produces himself. Jesus has given the same orientation when he said, “Be ye perfect”—or become your complete and whole self. The goal is not to *try* to be anything but merely to *be* yourself, whatever that may be, moment by moment, and the final product will take care of itself. It will undoubtedly be far more “perfect” than anything you might attain by trying.

## CHAPTER 15

### Religion and Psychiatry

FROM the earliest times, when the priests were also the medicine men, medicine and religion have been so closely related that they have been essentially inseparable. As medicine became more "scientific" and devoted itself increasingly to the physical sciences and to man's physical body, a void was created which demanded filling, since man is more than a physical being. Psychiatry emerged as that specialty of medicine whose primary concern is that other aspect of man commonly called the "soul," but in the field of behavior study is called the "psyche." The psychiatrist is interested in the soul within the framework of the body. Sometimes his interest is almost purely in the physical person, and again his interest is predominantly in the psyche.

In earlier times psychiatric symptoms and psychiatric practice were looked at askance or actually shunned because they seemed to imply some demonic or supernatural power. In more recent times the feeling of superstition has dwindled, but there still has been a fear of psychiatry because it was felt that religion and psychiatry are inimical to one another. Faced with a choice between the dogma of a religion with which they were familiar or the dogma of Freudian psychiatry, most people preferred religion. On the other hand there were increasing numbers who embraced the "Freudian religion" wholeheartedly. Perhaps the greatest number of people were embracing it without knowing they were even being exposed to it, for this new religion was infiltrating into the schools, the movies, into books for parents, and to some extent even into churches. Everyone who wished to be con-

sidered enlightened genuflected to Freud before he could proceed with the business at hand. The psychoanalysts became in large measure the "high priests" of this new religion, and the psychiatrists were their first assistants.

Along with the specific theoretical concepts to which any Freudian-oriented psychiatrist subscribed (and what other comprehensive theoretical framework was there to subscribe to?), there were other beliefs which he accepted, one of which was that, however he, as an individual, regarded the institution of religion, he was not to tamper with the patient's religious beliefs; this was an area into which the psychiatrist did not intrude. This separation between the patient's psychological problem and his religion has typified the separation that has existed between the disciplines of religion and psychiatry.

As I became increasingly emancipated from the Freudian doctrine, a freedom for dealing with the whole person emerged, and I found myself confronted in every patient, not with unmanageable Id drives but with the most elaborate and individual value systems which permeated into every nook and cranny of their lives and were the fountainhead of their conduct and their symptomatology. Religion—both in its formal sense and in its broader private sense—could no longer be eliminated from my attention as a psychotherapist. The patient's religion had to be a proper concern of both the patient and the therapist, for it encompassed the patient.

Once concern about *all* the patient's beliefs entered the picture, it became obvious that the therapist could no more bring his private biases with regard to religion into the treatment situation than he could bring his biases and prejudices concerning politics or sex. The treatment situation became a place where no area of man's involvement was taboo; it took in the whole of man.

### **The Emergence of Cooperation Between Religion and Psychiatry**

As frequently happens when grappling with a problem, I was essentially unaware of what was transpiring all around me. Then I suddenly opened my eyes to find that thoughtful people everywhere

were modifying their attitudes and assumptions too. Religion and psychiatry had already moved much closer together. Churches were employing psychiatrists; clergymen, psychiatrists and psychologists were holding institutes where togetherness was fostered; psychiatric hospitals were being used as training grounds for theological students; in 1956 the National Academy of Religion and Mental Health was formally organized.

A great ferment was taking place and this was going hand in hand with the widespread changes which were occurring in both psychiatry and religion. Religion had to move or grow in such ways as would make it valid in a world which accepted science, and psychiatry was beginning to move and to grow away from slavish devotion to Freud.

Since I see this movement as of great significance, I shall present some personal thoughts and speculations. I hope these may contribute to philosophical exploration and practical implementing. It must be remembered, meanwhile, that my ideas have been derived from clinical experience with real people and not from study of some "authority." Readers who have familiarity with the Bible will undoubtedly grasp the implications more readily than those who do not. The ideas presented may be provocative, I trust, of an insight that there can be an essential agreement between psychiatry (psychodynamics) and religion rooted in the Bible.

To me it is clearly words rather than substance which divide religion and psychiatry. Only when one insists on following some particular school of psychiatry or of religion is there any basic disharmony. Let us examine into this more specifically to see the extent to which they harmonize.

### **These Common Roots**

Religion in our culture postulates that man has a soul and that this soul is presumably destined to something called immortality. Were it not for the soul, man would be mortal—i.e., he would die. Psychodynamic concepts as presented here also see the psyche—or the soul—as that aspect of man which permits survival, first in the here and

now interpersonal world and then in the hereafter (in the God-man world); for to follow the dictates of one's psyche is "to do what is right," which in the conceptual thinking of our culture is the key to immortality.

Religion in our culture postulates that the beliefs of man not only determine what man is but also what he does: "As a man thinketh in his heart, so is he." It is from his beliefs that his works spring. This differs in no way from the theoretical formulation set forth here wherein it is man's beliefs or his assumptions which dictate his behavior. Considerations as to reality are of less importance to him than are his assumptions, and even the biological drives of self preservation and sex are under the dominion of his psyche.

To me the most amazing correlation between the religious postulations of our culture and our psychodynamic formulation occurs with reference to the conceived basis of man's human difficulties. Religion bases the separation of man from God and from Paradise (the good life) on the allegorical or symbolic story of Adam and Eve in the Garden of Eden as related in Genesis. This story says that Adam "ate of the fruit of the tree of the knowledge of good and evil" and as a consequence was immediately and henceforth banished from Paradise. To me this says simply that man took into himself or incorporated (ate) the fruits or the results of "the knowledge of good and evil"—or the knowing of right from wrong, or moral judgment—and that it resulted in his being shut out from the good life. Whereas this interpretation is not one that I have ever seen expounded, it appears to me that not only does "authority" say that the separation of man from Paradise is by reason of his having incorporated moral judgment, but it harmonizes completely with what I have found to be true clinically.

Anyone having read the foregoing chapters will be clearly aware that the theory of psychodynamics presented postulates that man's propensity for moral judgments—his naïve assumption that he has the capacity for determining such judgments—is the basis of all his human trouble. His judgmental attitudes alienate him from his fellow

man as well as from his true self; they make him incognizant of reality, and deprive him of mental health or the good life.

Even though the truth of this postulate may be seen by anyone who cares to look at himself or at human ills, it is difficult for people to accept it because they are convinced (they assume or believe) that all good and desirable behavior is the product of a moral value system essentially comparable to their own. It would be almost inconceivable for most people to look at their moral judgments as the real factor which keeps them out of Paradise. Yet we have seen that it is these which produce the fears, the half-lives, the cruelties, the symptoms, and the unhappiness of human beings.

According to the story in Genesis, it was suggested to Adam that to incorporate moral judgment and thereby to be able to account things as right and wrong was to have made him "like God," but, as the story goes, it merely complicated and impoverished his life. Actual experience with people demonstrates the truth of this point of view. Man, through his moral judgmental propensities, tries to "play God"—deciding that this is good and that the other is bad—when it takes the perspective or wisdom of God or of the ages to make such determinations. The more judgmental a person is, the more trouble he has and the more impoverished is his life. It is better for man to be tentative and to reserve judgment than to act as though he can know for sure. The more perspective he has, the closer he can approximate the wisdom of God, but perspective is noticeably lacking wherever a morally judgmental attitude prevails.

Moral judgments are not based on wisdom or perspective but on the individual's attempts to survive or preserve himself when he is helpless and dependent. Man tends to accept almost blindly the particular system of moral values which he developed as a result of his own particular and individual experiences with his significant people. Even those assumptions which are totally individual are held tenaciously, while those which have a broader or cultural origin can scarcely be questioned. The patterns of behavior deriving from these value judgments are looked upon not as "workable" in such and such

specific circumstances but as "right," and therefore beyond question or critical appraisal. If this were not so there would be no ideological wars.

Moral judgments stand in man's way of achieving his full stature. His unhappy state is directly related to his having incorporated moral judgment, both as defined by religion and as found to be true in analysis of real people. "Be ye perfect" (or whole or complete) cannot be implemented so long as one is in bondage—a bondage to his belief in the finality of the value system he acquired in earlier and more dependent circumstances. It is only realistic appraisal or critical conceptual judgment which incorporate the element of perspective.

A further similarity between religion of our culture and this theory of behavior is the postulate by religion that the sin separating man from the good life is passed on from generation to generation: "The sins of the fathers shall be visited on the children even unto the third and fourth generation." This is exactly as we find it in real life, wherein moral values and moral judgments are passed on to each new generation so early in life that they seem almost congenital or inherited. Indeed, it is the erroneous belief of many that conscience is inborn.

One needs only to look at the behavior patterns of the people on a single block in any heterogeneous community to see that this is true. To one family it will be wrong to eat meat on Friday. To the next one it will be wrong to eat pork at any time. To the third it will be wrong to eat any meat at all. To still another it is wrong to use tobacco or alcohol, but meat of any kind may be used freely. These are not merely patterns of behavior; they are deep religious convictions. An inborn conscience would scarcely be so inconsistent. Perhaps Fromm sees clearly when he speaks of the sin or guilt of man in having failed to become himself. It could be that the inborn conscience of man (if there be such a thing) requires of him only that he fulfill his biological potential: that he live, that he fulfill himself or mature, and that he procreate.

Just as religion states the cause of man's difficulties to be the incorporation of moral judgment which is passed on from generation to

generation, so it offers certain solutions which will reestablish him in a sense of well being commonly spoken of in the Bible as "entering the Kingdom of Heaven." One of the solutions offered is expressed in this statement: "Except you become as a little child you cannot enter into the Kingdom of Heaven." One interpretation of this statement, which seems applicable, would be that unless a person has the characteristics of a little child (is free of the characteristics associated with getting older), he cannot have a good life. Provocatively, one of the prime characteristics of the *little* child is his lack of moral judgment—for or against. The little child merely *is*—without apology or smugness—and he permits others to be themselves on the same terms.

The psychodynamic theory presented here expresses an identical viewpoint, namely that psychiatric symptomatology will disappear as one becomes free from his moral judgmental handicaps. Only in the areas where he has such a nonjudgmental orientation, can he be free to have relationships with others and to become himself. Even the practice of psychotherapy requires the absence of moral judgment on the part of the therapist. No patient can recover in the presence of a judgmental therapist. The nonjudgmental attitude alone permits people to see themselves clearly and to grow. The nonjudgmental attitude of the therapist is transmitted to the patient who can then begin to live realistically, or to have "the good life." Only when the moral judgments have receded into the background can the use of critical conceptual judgment enter the picture. Furthermore, only when moral judgment is absent can a person be "natural," a blessed state which is desirable in and of itself.

Still another solution offered by religion to those who wish to find their way back to the good life is expressed in this statement: "Except a man be born again he cannot enter the Kingdom of Heaven." This statement seems to describe accurately the littleness and nakedness (without protective defenses) characteristic of the newborn, and it also describes the status of those fortunate enough to experience mental health. If one would lose his neurotic defense patterns and become a healthy individual he has, in effect, to start from the be-



ginning, to shed his reliance on defenses and to be only himself—natural. It is not possible to hold on to the things which one believes will make him safe and at the same time be free of the emotional ills of man. Just as mental illness comes out of efforts to be invulnerable, so mental health derives from willingness to accept vulnerability. “Whosoever will save his life shall lose it.”

An illustration of this Biblical injunction to shed one's defenses if one would have the good life is presented in the story of the Rich Young Ruler. In this story the young man caught a vision of the good life, but when Jesus asked him to sell all his possessions and give the proceeds to the poor as a prerequisite for the new life, “the young man went away downcast because he had much goods.” A person cannot cling to that which he treasures most highly and still be rewarded with the good life.

It is not easy to give up one's sources of security—whether these be goods or qualities. It is not easy to feel naked and little. People want to retain their defenses at all costs. For countless people the thing that is most precious and which they feel they *have* to preserve is an intact personal value system. They would rather retain their miseries than give up the basis for regarding themselves with smug satisfaction—invulnerable. To the extent that they cherish their “clean skirts” above all else, the good life slips through their fingers. The criteria for maintaining their clean skirts have been established out of context with the present situation and are therefore arbitrary, authoritarian, and unrealistic. There is nothing more futile than maintaining one's pride and “honor” merely for the sake of maintaining them and thereby keeping oneself comfortable.

A further relationship between psychiatry and religion can be seen in the Biblical Commandment, “Thou shalt love thy neighbor *as thyself*.” Since the psyche has reference to interpersonal phenomena it is interesting to note that religion regards it as of such major importance that man should love or accept himself as the *basis* for loving or accepting others. However much religious bodies or representatives have distorted the original statement and have emphasized

the need to love one's neighbor (one might say to the exclusion of attention to oneself and care for oneself), the findings of psychodynamic investigation and experience of *any* school or theory verify the original Biblical admonition. It might be added that it is not so much a command as it is a statement of fact, for the attitudes a person has toward himself are automatically reflected in his attitudes toward other people.

Rejection of oneself generates hostility toward others. Acceptance (love) of oneself—simply, naturally, and without pretense, like a child—without moral judgment *for* (smugness) or judgment *against* (guilt or apology), enables him to accept his neighbor in the same way. When this occurs there is both opportunity and energy to grow and to become whatever one's potentialities and reality dictate, for there will be no wastage in building and maintaining costly and irrational defenses. This circumstance also enables one to become himself, whole and "perfect," which is the ultimate in the area of Religion's command to man.

The theory of psychodynamics presented here is not true *because* it agrees with "authority." Rather, if there be any truth in either the theory or the authority there is likely to be some agreement between them. Access to truth is never the exclusive attribute or possession of some favored individual or group. Truth is available to all and will be found by many.

It is apparent from these brief outlines that I find many points of close harmony between psychiatry and religion, and the more I know of real life psychodynamics the more obvious becomes the essential agreement between these two disciplines. I see them as being in fundamental accord in the significant areas of the cause and the cure of the psychological or human ills of man. Likewise, whenever one finds help in his life problems it will be accomplished by use of the same principles, whether one call them by the name of religion or of psychiatry.

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